DOCUMENT RESUME

ED 056 300 AC 012 068

TITLE	Homemaker Service Demonstration Training Project (March 1968-May 1970). Final Report.
INSTITUTION	Kansas State Univ., Manhattan. Dept. of Family Economics.
SPONS AGENCY	Manpower Administration (DOL), Washington, D.C.
PUB DATE	31 May 70
NOTE	187p.
EDRS PRICE	MF-$0.65 HC-$6.58
DESCRIPTORS	Day Programs; Demonstration Projects; Extension Education; *Females; *Home Economics Education; *Homemaking Education; Job Development; *Middle Aged; Noncredit Courses; Occupational Home Economics; Residential Programs; Standards; *Training Techniques; University Extension

ABSTRACT

This program was directed to women between the ages of 45 and 65. Its objectives were to develop a training program for homemaker services that would: (1) establish an expectation of high quality performance and standards for all who care for the aging and other families, (2) provide a nucleus of trained homemakers to meet community needs, and (3) develop a prototype training program adaptable to junior and state colleges in Kansas and other states. A three-step training procedure was followed consisting of (1) teaching, (2) participation and demonstration, and (3) practical application. The teaching was performed by a staff of 25 specialized persons. The subject areas were working with and understanding people, food for families, home management skills, personal care of others, and professional development. Conclusions include: (1) Women can and will take advantage of educational training opportunities and become fully employed as qualified homemakers; (2) Families in communities can benefit from having available qualified homemakers to work for them in times of need; (3) In-residence training provides a quality of instruction for the most essential concern of homemakers, that of providing personal care and understanding; (4) Support from the training center and employment services must be made available to the trainee after graduation. (Author/CK)

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FINAL REPORT

OF THE

HOMEMAKER SERVICE DEMONSTRATION

TRAINING PROJECT

An Experimental and Demonstration Project

This report on a special project was prepared under a contract with the Manpower Administration, U.S. Department of Labor, under the authority of the Manpower Development and Training Act. Organizations undertaking such projects under the Government sponsorship are encouraged to express their own judgment freely. Therefore, points of view or opinions stated in this document do not necessarily represent the official position or policy of the Department of Labor.

March 15, 1968 - May 31, 1970

Department of Family Economics
College of Home Economics
Kansas State University
Manhattan, Kansas

Homemaker Service Demonstration Training Project

ABSTRACT

May 31, 1970

The Homemaker Service Demonstration Training Project was an experimental and demonstration project funded by the United States Department of Labor and the Office of Education of the United States Department of Health, Education, and Welfare. It was conducted at Kansas State University, Manhattan, Kansas, from March 15, 1968 to May 31, 1970. The project had the support of local and state governmental agencies interested in homemaker service, including the:

. Kansas State Employment Service
. Kansas State Board of Health
. Kansas State Department of Social Welfare
. Kansas Cooperative Extension Service
. Kansas State Board of Vocational Education
. North Central Kansas Guidance Center
. Riley County Commissioners

The project enjoyed and benefited from the cooperation of many private, professional, and volunteer groups, such as the:

. Kansas Commission on the Status of Women
. Kansas Home Economics Association
. Kansas Citizens' Council on Aging, Inc.
. Catholic Family and Community Services
. Visiting Nurses Association
. Riley County Council of Social Agencies
. Kansas Medical Association
. Kansas Blue Cross/Blue Shield
. Kansas County Welfare Directors Association

No opposition from any group of individuals or any volunteer or public agency was directed to the project. It's only obstacle was indifference, apathy and misgivings about cost.

The project evolved out of a general concern to bring homemaker services to Kansas and desire to provide professional employment for women. This concern was expressed in resolutions of the Kansas Citizens Council on Aging, Inc., the Kansas Home Economics Association and the Advisory Committee to the Division of Services for the Aging of the State Department of Social Welfare. Research by the Department of Family Economics provided proof of sufficient demand for homemaker service for the State Board of Social Welfare to recognize homemaker service as a social service, and for them to request establishment of a Civil Service classification for homemaker. The next logical step, therefore, was to establish a training program which would develop graduates who could function at an appropriate level and thereby develop a high level of expectation for homemakers. Thus, during Phase I of this project there were two major emphases: (1) to train homemakers for previously non-existent jobs, and (2) to help potential employers think of meeting their needs by employing trained homemakers. That is, the initial thrust was to create both a supply of and demand for homemaker service.

The training program was directed to mature women, particularly those between the ages of 45 and 65. This generation of women find themselves with lessened family responsibilities, but unqualified for jobs which require higher levels of education. These women have a background of homemaking skills but need refresher courses and training in home management and personal care. Another unique feature of the program was the in-resident training. The training program consisted of three weeks of in-resident training and one week in a field experience following the first two weeks of training.

The basic objectives of the project were to develop a training program for homemaker services that would:

- establish an expectation of high quality performance and standards for all who care for the aging and other families,
- provide a nucleus of trained homemakers to meet the needs of the aging and other families,
- develop through experimentation a prototype training program adaptable to junior and state colleges in Kansas and other states.
- ultimately relieve the center of training homemakers so it can concentrate on preparing professionally trained staff for other training centers.

One hundred twelve women from over the state were trained in sixteen sessions. Many were untrained, underemployed or unemployed, and lacked status, dignity and feelings of personal worth. They varied in age from 19 to 60, had from a sixth grade to two years of college education, were of different racial and income backgrounds and had a variety of job training and work experiences.

The experimental nature of the project permitted acceptance for training women who were younger and older than the target age group. It also permitted acceptance of women on a commuting basis.

Recruitment was a continuous problem since employment was not promised to graduates and because of the newness of the project and homemaker service. The in-residence feature presented a problem because it required major adjustment in family life for most women to attend. However, this may have served to screen out those women unable to make adjustments in their personal lives for the care of dependent children, adults, or pets, and those unwilling to reassess their personal health status or to leave friends and home for a month. Those who did enroll stayed in the program. There were only three dropouts. Daily attendance of all training classes was almost perfect.

A variety of teaching methods were used to help trainees develop personally and professionally. A three-step procedure was followed consisting of (1) teaching, (2) participation and demonstration, and (3) practical application. There was also continuous evaluation by and of the trainees. The general objectives of the training program were to help each trainee to:

- develop the necessary skills, personal qualities and understanding of individuals that would enable her to assume full or partial responsibility of managing a home or to assist an individual or family in periods of stress or crisis,

- develop a feeling that as a homemaker she is an individual of worth and can feel a sense of pride and dignity in the services she is able to render to families,

- become aware of the important function of homemaker service in our society.

The teaching was performed by a staff of as many as 25 specialized persons, each knowledgeable in his own field. The subject areas were: working with and understanding people, food for families, home management skills, personal care of others and professional development. Methods of instruction included: talks, films, discussion, role playing, tapes, readings, and written and oral evaluations. The university setting enriched this phase of the training by giving trainees a feeling of academic involvement and by supplying an unusual wealth of talent at minimum cost. Otherwise, this phase of the training program could have been duplicated elsewhere.

The in-resident feature of the project provided trainees opportunity to live in a home-like atmosphere. Trainees kept house in a situation not any more strange than they would experience as homemakers. By working with others in a learning environment each became involved with self-evaluation and observed the work of others. The 24-hour involvement captured totally the lives and experiences of these women and enabled the coordinator to make a learning experience out of every situation. Skills were not repeated in the instructive program sufficient to achieve a standard level of performance. They were incorporated to introduce new techniques and to relate them to management. Also skills were so much a part of the in-resident living, they did not need to be an explicit part of instruction. The in-residence training would be difficult to duplicate in a public facility such as a school or courthouse.

Evaluations were an integral part of the total training program. Formal evaluation was obtained daily and weekly during the training sessions, and in follow-up interviews after graduation. Evaluations helped to determine the progress of each trainee, and served to guide the development of the training curriculum.

During Phase II, the second year of the project, supplementary training and services were included. Six refresher courses and one supervisors' workshop were conducted for graduates and homemaker supervisors. Job development was expanded to assist graduates in securing employment, to familiarize agencies with the training project and homemaker/home health aide service, and to develop a climate of understanding in Kansas for homemaker service.

Conclusions

- Women can and will take advantage of educational training opportunities and become employed fully as qualified homemakers.

- Families in communities can benefit from having available qualified homemakers to work for them in times of need.

- In-residence training provides a quality of instruction for the most essential concern of homemakers, that of providing personal care and understanding.

- Trainees felt qualified to serve as homemakers and considered the job to have status and dignity. They understandably were apprehensive whether the job status would be maintained by upgraded employment.

- Support from the training center and employment services must be made available to the trainee after graduation.

- Massive publicity is necessary (1) to inform the public of the training program, (2) cultivate an expectation of high quality performance and standards for homemaker service, and (3) to combat misunderstandings such as the identification of homemaker service with domestic, maid and housekeeping service and the confusion of homemaker service with the "homemaker units" of Cooperative Extension Service.

- More than two years is needed to meet the fourth objective. When the project was written, the severity of recruitment problems was not anticipated, nor was the need for public education on the values of homemaker service.

- The breadth of homemaker service is such that it comes within the realm of many state agencies, yet is not the responsibility of any one. The result for HSDTP was cooperation and support from all. And HSDTP became a uniting force for agency representatives.

- Home health aide training can be integrated successfully with homemaker training.

Homemaker Service Demonstration
Training Project
Department of Family Economics
Justin Hall, KSU
Manhattan, Kansas 66502
May 31, 1970

We are pleased to submit this final report of Phase I (March 15, 1968 - May 31, 1969) and Phase II (June 1, 1969 - May 31, 1970) of the Homemaker Service Demonstration Training Project.

A significant impact was made during the last 26 months, and all indications suggest the State of Kansas and its many families will benefit from what was begun under this project.

Hopefully the effects of the project will come to be shared throughout this region of the United States.

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Contract Number
OSMP-82-18-68-31
United States Department
of Labor

Contract Number
OE-0-8-008009-3485 (089)
United States Department of
Health, Education & Welfare

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INTRODUCTION

Homemaker/home health aide service should be available to all families in need regardless of their income. A family in a crisis situation needs help; and reliable help should be available regardless if the family is rich or poor. Without well-trained, competent and reliable homemakers, the family in crisis will not be served well and the employee will become dissatisfied. Training is critical.

This training program is part of a long range effort to establish homemaker/home health aide services in Kansas. This service helps families in times of crises and in need of assistance. It provides employment opportunities for mature women interested in helping families and who might otherwise be unable to obtain gainful employment because of their educational attainment, previous job training, age, or lack of job opportunities in their community.

The first step was to document a need for an estimated 2000 homemakers in the State of Kansas. The next step was to gain acceptance by the state agencies of the service; token recognition came in the form of a civil service job classification for homemakers. The training program followed as the next step so trained women would establish by their performance an expectancy of competency and reliability. For survival, a training program needs applicants for training and jobs for its graduates. So by force of circumstances recruitment of trainees, job placement for graduates, and encouragement of agencies to develop homemaker services became the three activities undertaken in addition to training by this project.

The basic objectives of the Homemaker Service Demonstration Training Project (HSDTP) were to develop a training program for homemaker services that would:

- establish an expectation of high quality performance and standards for all who care for the aging and other families,
- provide a nucleus of trained homemakers to meet the needs of the aging and other families,
- develop through experimentation a prototype training program adaptable to junior and state colleges in Kansas and other states,
- ultimately relieve the center of training homemakers so it can concentrate on preparing professionally trained staff for other training centers.

The four-week training program included two weeks of in-resident training at Ula Dow Training Center, followed by a week of field experience with an agency providing homemaker service, with the fourth week at the training center.

One trainee captured the significance of the training program by her statement:

> All my life I've been working <u>for</u> people;
> now I know how to work <u>with</u> people.

The experimental nature of the project permitted several innovative techniques and methods. The original design was to train women above age 45. To meet the interest some younger women expressed in taking the training, the contract was later modified to include "women particularly age 35 and above." However, the focus remained on the mature woman who had raised her own family, had worked with families and was interested in helping families. Young girls, inexperienced in performing household tasks or assuming family responsibilities, were excluded because they would have presented the problem of teaching household skills. The central focus of the training program was not on teaching skills except as they related to teaching management and personal care.

Training and living was in Ula Dow Training Center, a remodeled home management house on KSU campus. By living together the trainees were engaged 24 hours a day in some aspect of training. Although the university setting did present an obstacle for some who were initially apprehensive about such an experience, once trainees arrived they seemed unafraid. The trainees considered themselves privileged to have lived on campus and to have taken classes taught by college professors in a university building.

Another innovative measure was to permit several trainees from the Manhattan area not to reside at the training center. Otherwise, they fully participated in the training program. The purposes were to compromise the program somewhat to meet their personal requirements, and also to test the assumed value of in-resident group living, the unique feature of this training.

An unanticipated objective of the project became the recruitment of trainees and the development of a climate of opinion throughout the state, both among the general public and at the agency level, that would be favorable to (1) homemaker services and (2) the need for training. The problems of recruitment, job development and public education were so great that to fulfill the contract commitment for training a minimum of sixty trainees during the first year the "year" was extended to 14½ months. Furthermore, the limited number of staff members during Phase I prevented the program from becoming sufficiently involved with job placement after graduation. Since many graduates had no agency to work for, they needed supportive services of the training staff in educating employers as to their responsibilities, job description, wages, etc. A full time job developer was included on the staff in Phase II.

Of the 112 women who were trained in 16 sessions, 91 are employed, 2 are enrolled in school, 16 are unemployed, 1 is deceased, and 2 are unknown at termination of the project. Agencies offering homemaker services, including volunteer agencies, social welfare departments, public health departments, housing project and a model cities project, employ 45 graduates as homemaker/home health aides.

Twenty women are employed by private employers as homemakers, 9 work in related areas, and 17 in unrelated areas. While HSDTP does not guarantee employment it does assist graduates in placement. HSDTP placed 11 graduates with agencies and 17 graduates with 35 private employers. Through cooperation with agencies offering homemaker services an additional 26 graduates were placed. Eleven graduates were employed by agencies before they enrolled in HSDTP.

Improved salaries, wages, benefits, and working conditions for HSDTP graduates employed both by agencies and private employers was constantly emphasized. As a result, two-thirds of the graduates received over $1.60/hour after training compared to one-fifth before training. Ninety graduates receive social security, 67 transportation, 53 paid vacation, 48 sick leave, 31 paid holidays and 35 compensatory time for over 8 hours duty. Prior to training most of the graduates were not accustomed to receiving these benefits with the possible exception of social security.

Counseling trainees and employers was a continuous part of HSDTP. Informal, individual, and group counseling was a continuous part of the regular training program. Evaluations were obtained daily and weekly from each training group. Follow-up interviews were conducted with each graduate. Graduates were encouraged to keep in contact with the training center staff, and the center sent them a regular newsletter. Employer counseling by HSDTP staff found private employers tended not to consider paying adequate wages, providing fringe benefits or limiting their job requirements to acceptable working conditions. Continuous employer-employee counseling is essential to improve benefits and wages. Establishment of a minimum wage for household employees in Kansas and a revision of the job description of homemaker in DOT would be beneficial for job development.

Many community organizations and agencies were involved in implementing the training program and carrying out the objectives of the project. The local state employment service offices interviewed applicants, certified women for training allowances and, in some cases, placed women in jobs after training. The HSDTP Advisory Board helped make decisions which affected the purposes and objectives of the project, and gave guidance to the project staff. Their support was especially valuable at two critical times: (1) in resolving the question of whether the trainees would qualify as home health aides, and (2) in gaining support to insure the continuation of the project. The project developed into a cooperative endeavor, and had the moral support of many state and local governmental and voluntary agencies. It also served to bring together from state agencies which seldom had worked together staff members who enjoyed cooperating in this project.

In these two years a significant beginning has been made toward our goal: That reliable homemaker/home health aide service shall be available to all families in Kansas regardless of their income. Economic status should determine how much the family should pay, but <u>not</u> whether the service should be available. As a result of training women work as homemaker/home health aide as a profession.

This report summarizes our experiences in training, recruitment, job development and agency liason.

ADMINISTRATION

Personnel

The original staff during Phase I consisted of a Project Director (1/10 time), Program Coordinator (10/10 time), Graduate Assistant (5/10 time), and Secretary (10/10 time). After one training session a Teaching Assistant (3/10 time) was added to the staff.

The Project Director was responsible for making administrative decisions and for chairing Advisory Board meetings. The Program Coordinator was responsible for publicity, recruitment and working with trainees with MDTA allowances, field experiences, and job development. The Graduate Assistant was teaching coordinator for the training sessions. The Teaching Assistant assisted the Graduate Assistant.

In Phase II the Graduate Assistant position was changed to Teaching Coordinator (10/10 time), and a Job Developer (10/10 time) and Graduate Research Assistant (5/10 time) were added.

Resource personnel included not only project staff members but representatives from the following agencies:

. Department of Extension Home Economics, KSU
. Department of Family and Child Development, KSU
. Department of Family Economics, KSU
. Kansas Power and Light Company
. North Central Kansas Guidance Center
. Riley County Council of Social Agencies
. Riley County Extension Council
. Riley County Health Department
. Riley County Red Cross Chapter
. State Department of Social Welfare

As many as 25 different persons were involved with teaching each training session. All were oriented to the HSDTP by the Teaching Coordinator.

The staff worked together to meet the objectives of the project; there were problems in retaining resource people. Because of full and varied work schedules it was sometimes more difficult to schedule the same resource personnel for lessons in session after session. Those who were financially reimbursed or considered this as part of their job in adult education were more receptive to continuous rescheduling.

In-service training

In-service training focused on familiarizing staff with regulations and procedures of the agencies involved with the project, including the State Employment Service Office, Kansas State University, agencies providing homemaker service, publicity media, and NCHE. To better

understand the needs personal conferences were held with the State Consultant on Homemaker Service, state vocational education personnel, Advisory Board members of the project, county health, employment service, and welfare personnel, and newspaper, radio and television staff.

Mrs. Gladys Lawson and Mrs. Stephanie Stevens, consultants on homemaker service, HEW, visited the project and conducted workshops to familiarize staff and state personnel with the role of the homemaker in a professional agency and what should be included in the supervision of homemakers.

Staff members attended the American Home Economics Association Workshop in Nebraska on "Utilization and Training of Auxiliary Personnel in Home Economics"; four National Committee on Household Employment Project Director's Meetings in Washington, D.C.; the National Conference on Aging; Women's Advisory Council on Poverty; two Kansas Citizens Conferences on Aging; two Kansas Commissions on the Status of Women; and state and district conferences including social welfare, extension and education personnel. They also took advantage of every opportunity available to them for gaining a better understanding of the individuals, agencies, and organizations involved in the development of homemaker service in Kansas.

Facilities

Ula Dow Training Center is located on the campus of Kansas State University. The home is one-half of a duplex in a three-unit complex especially designed as home management residence laboratories. Ula Dow was completely redecorated for its use by our project. The center provided living accomodations for the trainees, areas for practical application of principles taught, classroom areas, areas for relaxation, and office space for the staff.

The first floor consists of an entrance hall, living room, dining room-kitchen, office, bathroom, cleaning closet, guest closet, and a small storeroom and large closet for storing office supplies. On the second floor are three bedrooms, a compartmental bathroom and small porch. The laundry room is in the basement.

Facilities for dittoing and xeroxing are located in Justin Hall, the university center for teaching home economics and research. The combined facilities offer an excellent arrangement for training at minimum cost and maximum access to professional staff. As an adjunct operation of the Department of Family Economics which includes teaching and research in the areas of housing, household equipment, consumer education and family finance, the HSDTP had access to all the related educational activities and facilities such as audio-visual equipment, demonstration room equipment, and a well-stocked library.

The equipment in Ula Dow includes a washer, dryer, dishwasher, range, refrigerator, garbage disposal, upright and portable sweepers, and small electrical appliances such as an iron, skillet, knife, can opener, mixer, toaster, and blender. Furnishings were planned to provide a home-like

atmosphere as well as learning experiences in household skills and management.

These facilities are overly taxed to provide for 9 in-resident trainees and 6 staff members. The crowded office space provides no room for staff members to spread out work without disturbing others, nor does it provide for individual counseling or private talks.

Advisory Board activities

The Advisory Board consisted of representatives of nineteen volunteer and professional agencies throughout the state. The Board was formed to represent agencies and organizations involved in all aspects of family and community life.

Health

. North Central Kansas Guidance Center
. Kansas Medical Association
. Division of Institutional Management (Mental Retardation Planning)
. Home Health Agency, Kansas State Board of Health
. County Health Department
. County Visiting Nurses Assoication
. Kansas Blue Cross-Blue Shield *

Adult Education

. Kansas Home Economics Association
. State Board of Vocational Education
. Kansas Cooperative Extension Service
. Division of Continuing Education, KSU*
. College of Home Economics, KSU*

• Employment

. Kansas Employment Service Office
. Kansas Commission on the Status of Women*

Aging

. Division of Services for the Aging, State Department of Social Welfare

Social Service Agencies

. Riley County Council of Social Agencies
. Catholic Family and Community Services
. Kansas Civil Rights Commission
. First Congregational Church
. County Welfare Directors
. State Consultant on Homemaker Service, State Department of Social Welfare
. Division of Child Welfare Services, State Department of Social Welfare

Local Government

. Riley County Commissioners

* Added during Phase II.

Five meetings were held at which all aspects of the training program were discussed. Meetings were well attended and very productive and helpful. Board members assisted with distribution of information concerning the program, referred applicants, taught lessons, supervised trainees during field experience, and helped develop community understanding and awareness. Members reported discussing HSDTP to over 2200 individuals at over 200 meetings and conferences. Included in these groups were county and state health, education and welfare personnel, county commissioners, home economists, business and professional people, ministers, community action personnel, personnel departments and the general public.

Problems encountered in tool-up and launching

The project faced many of the same problems all agencies confront, in beginning new programs.

Acquiring staff members began prior to funding. The Program Coordinator was hired in September 1967 in anticipation of the project. She enrolled in graduate school and worked for the Department of Family Economics until HSDTP was funded in March 1968. The Teaching Coordinator and other staff members were also recruited prior to actual funding.

During the two month phasing-in period the problems included obtaining supplies and furnishings, refurbishing facilities and recruiting staff and trainees. Without full cooperation of the university this would have taken longer than the two months alloted. Also, because major personnel needs had been anticipated, staff members were ready to and did begin work on the project full time immediately after it was funded. Time was needed by staff members to become familiar with on-going homemaker service programs in the state, explore employment opportunities for homemaker trainees, develop recruitment techniques, and learn established policies of organizations such as the State Employment Service and Kansas State University, as well as to develop curriculum and training facilities for the program.

Another problem was that of orientating Advisory Board members, the State Board of Social Welfare, the State Employment Service, the State Board of Vocational Education, and the general public to the program. This was not originally anticipated by the Project Director and the immediate staff who felt the logic of homemaker service to be so self evident that all agencies' personnel would respond with enthusiasm.

The major unanticipated problem was the recruitment of trainees, as the Advisory Board had predicted at their first meeting. This became evident during the summer months and was a continuing challenge to the project staff. Welfare staff were reluctant to recommend trainees because of the possible implication of promise to hire those trained. Many women did not want to take the training without the promise of employment.

RECRUITMENT OF TRAINEES

Target population

The project was designed for all women, particularly ages 45-60, regardless of color, income level or marital status, who were interested in working as homemakers. Many such women in Kansas have difficulty in finding gainful employment because of their low formal educational attainment or their age. Over one-third of the women in this age group have not had above an eighth grade education. Jobs are usually non-existent for such women and will not be created until women are trained to qualify for employment.

Women of this age best qualify to work as homemakers because they are mature and have had previous experience raising a family or working with people. Many have children who are grown and have left home.

Recruitment methods

Recruitment was a problem from the outset, and was worked on assiduously. The variety of publicity media used to inform women of the training opportunity included radio and television interviews, public service announcements, newspaper features, classified ads, speeches, correspondance, and conferences. (See pages 45-46.) Even though the women heard about the training from publicity media, prospective employers, social service agencies, employment service offices and graduates, follow-up personal contact with inquirers was essential if they were to apply and take training.

The Program Coordinator corresponded with and telephoned every woman who inquired about the project periodically to discuss the program, values of training and employment opportunities. Since there were often as many as 60 to 100 women on this list, WATS Line was invaluable.

It was not until after the beginning of Phase II that classes were filled several weeks prior to the beginning of a training session. From then on there were always more applicants than could be accepted for a session. Thus, even when as many as 8 cancelled from enrolling in a session the classes could be filled with those on the "reserve list".

Problems encountered

At least 121 women inquired directly with the HSDTP about training but never applied. This count does not include those women who applied for training directly through their local employment office without first contacting HSDTP. Follow-up contact was made with 75 of these women. Reasons given most often for not applying were:

. Unable to leave home for in-resident training	14
. Found other employment	14
. Unsure of employment after graduation	10
. Lost interest in training	7
. Poor health	6
. Encountered problems with applying at employment office	5

. Age (too young or too old)	5
. Moved	4
. Child care problems	2
. Lacked self-confidence	2
. Misunderstood program	2
. Employment Office discouraged them	2
. Enrolled in college	1
. Deceased	1

Follow-up on the remaining 46 inquirers was not necessary because classes were full. Active files were kept on all inquiries until they either enrolled or definitely decided against training.

Most of those unable to leave home for training had small children or family commitments that would also prevent full time employment. Group child care facilities would have been almost impossible to find since trainees were involved in the 24-hour resident program. Temporary foster care might have proven helpful. Day care would have helped meet some of the problems of commuting trainees, but this type of training was not encouraged anyway. Many women felt they had to work to support themselves or their families, but were hesitant in taking the training with no guarantee of employment after graduation.

Employment office counselors discouraged some women by telling them "it's only maid service" or "you know how to keep house; you don't need training." Proving eligibility for training allowances (certification of divorce or as head of household) was difficult for some applicants.

Most women who could not attend the first class after they enrolled refused enrollment in a later session.

Some recruitment problems were eliminated during Phase II when:

. an increasing number of employers and agencies required potential employees to take HSDTP,

. a Job Developer was added to the staff to place women in the Manhattan area and work with agencies to develop jobs,

. an increasing number of employers and agencies became familiar with HSDTP and the values of hiring graduates,

. HSDTP was recognized as meeting the criteria for training homemaker/home health aides in Kansas.

The group of trainees compared favorably with the original target characteristic. Although many women were reluctant at first to leave home and reside at the training center, this presented no problems once they arrived.

Services to those rejected

Thirteen applicants were not accepted into the training program because they were mentally retarded, emotionally unstable, not interested

in working as a homemaker, or over age 75 with limited years of employment. They were referred to adult basic education courses available in their communities, community action programs and volunteer agencies that could use their services.

Application procedure

To enroll in a Homemaker Training Project session applicants registered at their local office of the Kansas Employment Service. Such offices are located over the state. The local MDTA officer completed the ES 511 form which all people are asked to complete at the employment office. Additional information requested by HSDTP included number and ages of dependents, head of household and is the head employed, community activities of applicant, and reasons for interest in HSDTP.

The initial application form was then forwarded to the Manhattan office of the Kansas Employment Service Office, which reviewed the application and sent it to the HSDTP.

Applications were reviewed by a Homemaker Training Project Advisory Board committee, references were checked and final acceptance or rejection of the applicant was made.

After the Program Coordinator informed the Manhattan Employment Office of the final decision concerning the applicant, the Manhattan office notified the applicant's local office of the decision and directed them to obtain necessary MDTA information forms.

Criteria for acceptance of trainees included:

. potential for future service
. trainability
. moral character and reliability
. enthusiasm and interest
. recommendation of community leaders
. physical fitness and vigor

Training allowances

All trainees received subsistence and transportation allowances during the four weeks of training. Those who were head of household, or in households whose head was unemployed, could apply for training allowances of $47 per week plus $5.00 for each dependent to a maximum of $72 per week.

Subsistence allowances were $3 per day during Phase I. From this, trainees reimbursed the training center $2 per day for room and board expenses. This money comprised the "grocery kitty" from which trainees bought groceries. Because of increased food costs this amount was inadequate to cover field experience expenses, the amount was raised to $5 per day in Phase II. Transportation allowances paid trainees expenses to and from the training center on weekends and daily expenses during field experience. MDTA allowances were adequate to cover all expenses

for training, except the $5.00 allowed during field experience. Even with the $1 per day trainees had left after reimbursing the HSDTP each trainee had only $40 for room and board during this week. This caused problems in finding adequate housing and meal accomodations for this week.

Some trainees who were divorced, separated, or widowed many years ago had difficulty providing such official evidence to qualify for training allowances. This discouraged some women from applying and resulted in much difficulty for at least 5 trainees in completing MDTA forms. HSDTP staff had to accompany trainees to the employment office, write for information, and assist trainees in obtaining this essential information.

When checks did not arrive prior to field experience, HSDTP had to loan trainees money to cover expenses during this week. The failure of local employment office counselors to complete the initial MDTA forms correctly caused problems with some trainees and the forms had to be ammended. The State MDTA Coordinator and the Manhattan Employment Office manager, through which all applications were filed, were most helpful in assisting to remedy these problems.

PROFILE OF TRAINEES

Of the 114 trainees the typical trainee was an English speaking Caucasian woman over age 45, of 150 pounds, and 5' 5" tall. However, more than one-fourth were Negro, which is a significant proportion in a state with less than 4 percent female Negro population.

She was probably a high school graduate, although about 40% had not completed high school, usually because of finances or family responsibility. She was head of household, although half were married and living with their husband, and had no dependent children. If there were children, they were school-age or older. They generally were left in care of relatives.

She was self-supporting or supplementing family income, but also likely to be unemployed or underemployed. Only 15 were welfare recipients. Her most frequent occupation had included household work, food service, clerical jobs or work in nursing homes or hospitals. Her annual income before training was generally less than $3,000.

She probably had a driver's licence and owned a car. She came to the training center by car at a round trip cost of $7.80 per week. She had a home telephone. She lived in central or northeast Kansas where she was active in church and often other activities. She usually had health insurance and no serious health problems except that one-fourth were obese.

She wanted training to qualify for a better job, to develop her understanding of people and to learn new skills.

Of the trainees 64 received a training allowance while 45 received only subsistence. Six received subsistence only during field experience since they did not live at Ula Dow. The staff was aware that 5 interested women did not take training because they would not receive a training allowance, but others may have been hesitant to express this as a reason for not taking training.

Ten trainees left a job to take training, 20 were on leave from a job and 23 had promises of new jobs upon graduation.

COUNSELING AND TESTING

Although no professional counselors were employed on the training staff, the staff members were always available to listen to or confer with trainees individually. No hours were designated specifically for counseling; counseling took priority over any activity whenever it was needed.

The systematic daily and weekly evaluations provided constant formal communication with trainees and provided trainees an outlet for feelings they were unable to share with the group.

Individual or group counseling with trainees was very satisfactory. In most cases trainees just needed someone to listen to them, encourage them and reassure them. Trainee problems were in the area of adjustment to in-residence training, finances, personal and family relationships and insecurity about field experience.

Many problems concerning group living during the training were worked out among the trainees themselves in group discussions, as they prepared for bed, did household duties and visited informally. They shared their common problem of scheduling activities to make their new home liveable, and adjusting to a new house, new kitchen and doing laundry together.

Because of the many letters, telephone conversations and personal contacts with trainees prior to the actual training session, transitional problems from home to center were minimized. The best index of this adjustment was the fact that there were only three drop-outs.

Trainees for whom cost of training presented financial problems were assisted in planning the expenditure of their subsistence and training allowances. To relieve financial stress during field experience the training center arranged loans for some trainees.

Some trainees had difficulties with their children. An example of counseling procedures used is given on page 138 in the case of Mrs. B. Others had marital problems or difficulty with alcoholism and were being treated. The staff listened to them and at times encouraged them to discuss their problems with other trainees. (See case S, page 129 and W, page 137.) Every effort was made to inform trainees of social agencies available in their communities to assist them.

Anticipation of field experience often resulted in anxiety for trainees. For an in depth discussion of field experience problems see pages 22-27.)

Follow-up counseling was considered essential. It primarily related to employment and employment problems and is discussed under Job Development and Placement. (See pages 32 and 39.)

The local employment service offices offered vocational counseling and administered ability tests when necessary to applicants before they were accepted into the training program.

TRAINING

Training objectives

The general objectives of the training program of the HSDTP were to help each trainee to:

- develop the necessary skills, personal qualities and understanding of individuals that would enable her to assume full or partial responsibility of managing a home or to assist an individual or family in periods of stress or crisis.
- develop a feeling that as a homemaker she is an individual of worth and can feel a sense of pride and dignity in the services she is able to render to families.
- become aware of the important function of homemaker service in our society.

The specific objectives of the training program were to prepare each trainee to:

- help the family maintain and strengthen family life.
- carry out directions given by the person assuming the responsibility for the family: family member, a representative of an agency or a medical specialist.
- develop increased maturity, self-understanding and understanding of others.
- help family members adjust to situations caused by illness or other emergencies.
- better understand the special needs of children during family crisis.
- better understand the needs of the aged and assist them in their home situations.
- help families with special problems to maintain a stable family life.
- assist families in maintaining an adequate nutritious diet within the family resources.
- use comparative shopping techniques and assist families with their shopping.
- help keep the home clean and orderly.
- help do the necessary family laundry.

- give simple bedside care of the type usually provided by a member of the family.

- help families to learn better methods of child care and home management skills.

The training program

The first two weeks of the four week training program consisted of in-residence training at the Ula Dow Training Center on the Kansas State University campus. The third week was spent in field experience, followed by a return to campus for the fourth week of in-residence training.

Classes were held in Ula Dow Training Center and Justin Hall. Training was conducted by a three-step procedure: (1) lecture, (2) demonstration, and (3) practical application, with continuous evaluation. Other learning experiences included films, field trips, tapes, written problems, reading assignments, role playing and group discussion. The third week of training was spent in field expereince with a social welfare or health agency. The trainee accompanied a homemaker or home health aide who was employed and supervised by the agency.

The training program consisted of 168 hours of instruction and lab experience, with 80 hours of this spent in scheduled class instruction. The following amount and proportion of time was spent in each subject area: 18 hours (23%) in family life; 17 hours (21%) in personal care of others; 19 hours (24%) in food for families; 16 hours (20%) in homemaking skills; 5 hours (6%) in professional development; and 5 hours (6%) in orientation to homemaker service.

The in-residence group living experience at Ula Dow Training Center afforded natural opportunities for practical application of not only such homemaking skills as cooking, cleaning and laundry but also the subtle aspects of gaining an understanding of others.

Trainees worked in teams of 2 or 3 to plan menus, do weekly shopping, to prepare meals and do daily and weekly cleaning. Teams have specific tasks assigned them but do not have job titles. The staff were at the training center from 8 a.m. to 5 p.m. and thus not all trainees' performances were supervised. In orientation, trainees were made aware of their responsibilities and necessary requirements of the training program. Group living involved the trainees cooperatively working to complete the teams' work assignments, allowing them to be ready for classes at scheduled times. This involved the trainees working together cooperatively, managing both their time and energy.

Trainees who commuted had difficulty managing their time both at home and at the training center. The staff had difficulty in helping them develop an understanding of the importance of time and energy management. They also had difficulty in helping them understand the need for cooperation and involvement in group living. They were often late for the training program or had planned their family schedules to prevent them from completing their team's assignment. Two commuting trainees were unable to cope with these problems and dropped out.

The group living created an opportunity for each trainee to develop an awareness and understanding of herself in relation to others. This has a relevance in helping prepare the trainee to help other families in times of crises. This style of training also allows homemaking skills to be incorporated into the training program without it being considered or identified as a lesson by the trainees. They did not perceive as educational experiences the opportunity to share experiences, exchange ideas, and work cooperatively in sharing the responsibilities of group living. This unstructured, non-lesson style of education provided excellent learning opportunities for our trainees.

The subject material of the training program included areas of: family life, personal care of others, food for families, homemaking skills, consumer education, money management, professional development and orientation to homemaker service. Emphasis was placed throughout the training on helping the trainee develop a better understanding of herself and others.

Food for families covered the areas of nutrition, preparation and storage of food, special diets, planning menus and making market lists. Emphasis was also placed on helping the trainee develop money management and comparative shopping skills. Homemaking skills helped trainees to refresh and improve skills in housekeeping to enable them to assist families more effectively. Lessons in family life covered infancy to the aged with consideration given to families with special problems. Safety in the home, Red Cross nursing, and first aid helped prepare the trainee to give personal care to others. Throughout the program, the trainee was helped to develop a feeling of pride and dignity toward homemaker service and to orient herself for employment.

In planning training sessions, the methods of instruction were varied throughout the day. Trainees rated field trips and group discussions as the most effective teaching methods. Lectures, films, reading assignments and role playing were rated next, with tapes as the poorest methods. A few trainees with slight hearing problems had difficulty in hearing the tape. Generally, they were less attentive and did not get as much out of a taped lecture compared with other methods of instruction.

Curriculum development and changes

Curriculum for the first training session was based on manuals for training homemaker/home health aides developed by the National Council for Homemaker Services, Inc. and the State of Illinois Department of Children and Family Services. Also utilized was a training schedule developed for use in the Shawnee County Welfare Department. In subsequent training sessions, curriculum was revised to meet the needs of trainees in preparing them for employment as a homemaker in Kansas. Revisions of the curriculum were based on experiences of working with trainees during training sessions and the results of follow-up evaluations after graduation. Examples of instructors lesson plans, a trainee handout, and a pre- and post-test are included in Appendix C. (See pages 148-156.) The staff was alert to needs of each individual trainee and attempted to change or adjust the curriculum to meet any special needs.

It soon became apparent that even though the trainees were mature women who had experience rearing their own families and had some competence in housekeeping skills, it could not be assumed they had used efficient and practical methods or that their personal experience was applicable to other homes and family situations. This was particularly true in regard with menu planning, using kitchen appliances and homemaking skills.

One of the first curriculum changes was to allow more time to be spent in foods and particularly in menu planning. Also more time was allowed to instruct trainees with kitchen and household appliances with which they were not familiar.

Another early curriculum change was to reduce the type and length of instruction on mending. In the first two training sessions, three hours were spent in demonstration and lab experiences in which each trainee practiced three different patching techniques. Several trainees exhibited disinterest and a negative attitude. This reaction combined with the inconveniences of scheduling laboratory facilities with a sewing machine for each trainee caused this lesson to be cut to 1¼ hours of only demonstration of mending techniques. Trainees reacted enthusiastically to the mending demonstration, and thus it was continued throughout the remainder of the training project.

During the first two training sessions, four evening classes were held. This was cut to one evening class in subsequent training sessions. It was found that trainees were tired and responded poorly to evening classes. In place of evening classes, assignments of problems and readings were made. One evening class was continued as it was the only time a qualified Red Cross instructor could be obtained to teach mouth to mouth artificial respiration.

During Phase II classes were convened at 8:45 a.m., fifteen minutes earlier than previous sessions. This additional time allowed the Teaching Coordinator time to discuss any problems the group may have been experiencing, to clear up any false interpretations or misunderstandings of subject materials, and to collect evaluations and give pre-tests. It also enabled the class to assemble with their notebooks before the first guest speaker of the day arrived.

Also during Phase II, a member of the staff or instructor was a luncheon guest of the trainees. This proved to be a rewarding experience for both groups. It gave the trainees an opportunity to become better acquainted with professional personnel involved in the training program. This, the staff felt, was a factor in helping the trainee develop a feeling of self-worth and confidence in themselves. It also allowed the staff and instructors to become better acquainted with each trainee, to anticipate problems and to clear up misunderstandings or false conceptions of subject matter.

Trainees during Phase II were encouraged to eat one dinner meal as a group in a restaurant of their choice. Money was allowed from their weekly food allowance. These evenings were enjoyed by the trainees. The staff felt it united the group and gave them a more positive attitude toward the training program.

Endorsement of curriculum

The New Town Housing Project, an interracial low income housing project in Topeka, is sponsored by the Unity Church of Missouri. They maintain a home management center and child care program which is funded by the State Department of Vocational Education. The HSDTP became interested in the project after the Project Coordinator and Job Developer visited with the director and toured the facilities in efforts to become acquainted with the project and recruit trainees.

The HSDTP curriculum was approved as meeting the New Town Housing Project's requirements for the first level of a five-level curriculum for training paraprofessionals. Four graduates of the HSDTP employed by New Town are involved in teaching homemaking skills, home management and basic nutrition. They work in the day care and home management centers helping residents. They have also helped indoctrinate undergraduate College of Home Economic students in how to work with low income families.

Endorsement of curriculum for home health aides

As a result of a growing emphasis on home health care in Kansas, an ad hoc committee composed of representatives of the State Department of Social Welfare, State Board of Health, State Board of Vocational Education, Visiting Nurses Association, public health nurses, homemaker supervisors and the HSDTP staff met twice, in Topeka, in April and June 1969. The meetings were called by the State Departments of Health and Vocational Education staff concerned with training programs for health professions to discuss the type of training needed for home health aides. It was proposed that a nurses aide training program be given to homemaker/home health aides regardless of any training received by HSDTP graduates.

The committee accepted the functions of the homemaker/home health aide as described in the booklet, Recommendations for Homemaker/Home Health Aide Training and Services (U.S. Department of Health, Education, and Welfare, Public Health Service Publication No. 1891). A sub-committee was appointed to review the 180-hour nurses aide training program and to compare it with the HSDTP curriculum. They observed that there was much duplication in the two training programs.

The ad hoc committee expressed agreement that the HSDTP curriculum, slightly revised to provide additional emphasis on home health care, met the requirements for training homemaker/home health aides in Kansas. The revisions included more material on the care of the incontinent patient with emphasis on bowel and bladder training. There was also expressed agreement by the committee that the emphasis of home health aide training was on caring for a patient in the home setting while nurses aide training focused on working within an institutional setting. Therefore, it was agreed that it would not be feasible to incorporate both into one training program. The successful employment of our graduates in home health agencies has substantiated the curriculum as being applicable to training home health aides.

Evaluation of training program

Evaluations were an integral part of the total training program. They served two purposes: (1) to evaluate the progress and development of each trainee, and (2) to reinforce and supplement other teaching methods.

Trainees completed a daily evaluation each evening, Monday through Thursday, during the in-residence training. General questions concerning the day's activities were asked. Each trainee rated her general attitude about the day on a ten-point scale during Phase I. This rating scale was modified to a five-point scale in Phase II as it was felt that trainees could better handle a smaller rating scale. On the second page, each trainee rated each lesson on a ten-point scale and listed three important concepts or ideas remembered from each lesson during the day. This rating scale was also changed to a five-point scale in Phase II. (See page 157.)

Each Thursday evening of the in-residence training, the trainee completed a general questionnaire summarizing her feelings and attitudes about the week's training and evaluating the subject material in terms of skills and understandings that helped her develop confidence as a homemaker. (See page 259.)

During Phase I, each trainee completed a questionnaire at the end of the training program. She ranked the five areas of subject material in regard to their importance and meaningfulness to her, rated her feelings on a three-point rating scale as to the adequacy of the amount of time spent in each area, rated on a three-point rating scale the teaching methods used, and rated herself on a four-point rating scale regarding achievement of new ideas and facts learned. Each trainee completed the same questionnaire three months following graduation. Two staff members also rated each trainee's achievement at the end of the training, using a four-point rating scale. The questionnaire was modified for use during Phase II to ask trainees to rate only teaching methods and their concept of their achievement of new facts and ideas using a five-point scale.

Staff evaluations of trainee's achievement and trainee's three month follow-up evaluations were discontinued after Phase I. The data collected by these sources were a part of the data used in a masters' thesis (See page 168.) Its collection was not continued as it did not appear to contribute to the objectives of the training program.

Short objective tests consisting of true/false and multiple choice questions were administered to each trainee prior to eleven lessons. The same tests were completed by each trainee on the last day of the training program.

Oral evaluations of the trainees' reactions and attitudes about the training program were taped each Friday afternoon of the in-residence training. These evaluations were conducted informally, usually sitting around the dining room table. Trainees were encouraged to express themselves freely and no attempt was made to pressure or force responses. The staff found that taped evaluations were of value in helping trainees

to gain in confidence as well as contributing to a feeling of group cohesiveness. Oral evaluations of field experiences were taped each Monday following the week of field experience. These were of value in helping the trainee understand the role and function of the homemaker in an agency. These sessions also provided an excellent opportunity to help them understand or resolve any problem they may have encountered. By having the trainees share and evaluate their field experiences, the staff was better able to understand their needs and to build upon their experiences in the remainder of the training program. Trainees also completed a written evaluation of field experience. (See page 160.)

The staff felt that the success of a training program was dependent on an evaluation process that was an integral and continuous part of the training program. It was further felt that more than one kind or type of evaluation was necessary to obtain an over all assessment of trainee growth, development and attitude change. No one evaluation or combination of evaluations was found predictive of the success of a trainee. However, the staff concluded that evaluations are justified when they contribute to the educational experience of the training program.

Instructors

In addition to the project staff, a total of 27 personnel from the Kansas State University, the Cooperative Extension faculty, the community and state participated in teaching lessons during Phase I and Phase II. Five of the resource personnel hold Ph.D. degrees, 15 have Master's degrees, 3 have bachelor's degrees, 2 are R.N.'s and 2 have less than a college degree. Thirteen different nursing care homes, nursery schools and supermarkets in the community provided opportunities for field trip experiences. Many of these individuals and organizations worked with all 16 training sessions.

Prior to their first lesson or field trip, each resource person was oriented to the objectives of the training program as well as to the objectives of the particular lesson. As a result the resource personnel proved to be effective in helping to achieve the goals and objectives of the training program. Not only were they effective in presenting subject material, but the staff felt that their interest and involvement in the HSDTP was a signigicant factor in trainees' development of self-confidence.

Graduation

The training program was climaxed by a graduation ceremony. Instructors and all personnel involved with the training session as well as the trainees' families and friends were invited. As many as 40 were in attendance. The ceremony involved a short presentation by the Program Coordinator and Project Director. Each trainee received the specially designed HSDTP certificate and a Red Cross Modified Home Nursing Certificate. Also most of the trainees earned an additional certificate, the Red Cross Programmed Home Nursing Certificate, by having completed the programmed home nursing instruction on their own. The ceremony was followed by a tea given by the staff with the new graduates as special guests.

Refresher courses

A total of 6 refresher courses were conducted for HSDTP graduates. Other homemaker/home health aides working for agencies throughout the state, but not trained in our project, were also invited. Four were held for graduates of Phase I, and 2 for graduates of Phase II. A total of 30 graduates and 10 other homemaker/home health aides attended refresher courses for Phase I. Seventeen graduates and one other homemaker/home health aide attended refresher courses for Phase II. The response was poorer for Phase II because of the short length of time between end of training and the refresher course, and because two agencies employing 11 graduates did not feel they could allow time for the employees to attend.

Basic objectives of the refresher course were:

. to present material in the areas where trainees made requests for more help and to give more depth to material in areas where trainees expressed a special interest.

. to take time to discuss and reflect back on the training program, particularly sharing experiences of employment and its problems, and problems encountered in working with clients.

Learning experiences included buying and preparing economical meat, working with retarded mothers, motivating people to change behavior, problems of working with families in crises and employment as a homemaker/home health aide. The material was presented by panels, lectures, demonstrations and group discussions. Staff members, graduates of the program, agency homemaker/home health aides, Mrs. Mariella Smith, State Consultant on Homemaker Service, State Department of Social Welfare and other resource personnel participated in each refresher course. A banquet with a guest speaker showing slides of families in a foreign country proved to be a significant part of the refresher course. The participants felt the refresher course was a good learning experience and contributed to their personal growth and development as homemaker/home health aides.

Supervisors Workshop

A two-day Supervisors Workshop was held in October 1969 for supervisors and other professional staff of agencies providing or interested in providing homemaker/home health aide services in Kansas. Nineteen were in attendance. The conference was planned and coordinated by the project staff with Mrs. Stephanie Stevens, homemaker specialist, Administration on Aging, Department of Health, Education, and Welfare, and Mrs. Mariella Smith, State Consultant on Homemaker Service, State Department of Social Welfare as resource personnel.

Objectives of the workshop were to:

. share experiences and problems to obtain a better understanding of ways homemaker/home health aides can serve agencies.

. discuss basic training, refresher training and supervision of the homemaker/home health aide.

. discuss qualifications and characteristics of the homemaker/home health aide.

. discuss trends in the development of homemaker/home health aide service.

Evaluations by the participants indicated they felt the Workshop was helpful to them. They also indicated the need for future workshops and suggested a variety of items to include: personnel policies, funding, records, public relations and establishing homemaker service.

Special activities

Trainees were encouraged and arrangements were made for them to attend any special event or speaker on campus while they lived at Ula Dow Training Center. Trainees of different sessions attended lectures by Hubert Humphrey, Pearl Buck and Dorothy Burkhart. Special field trips on campus were arranged for trainees who had special interests. Most of the classes toured the Kansas State University Cooperative Extension Distribution Center, several classes toured the campus, the green houses and the planetarium, and one class toured the Milling Department. These special events were enjoyed by the trainees and made them feel they were a part of Kansas State University.

Field Experience

A week of field experience was included in the training. The purpose was to provide a natural and realistic setting for trainees to observe and work with an experienced agency homemaker/home health aide as she served families in crises.

Field experience served to reinforce methods learned during the first two weeks of training, to enable trainees to learn new procedures, to gain a better understanding of homemaker services, and to see how homemakers function as part of an agency team.

Orientation of agencies to the HSDTP and field experience expectations was carried out during Phase I by the Program Coordinator and with the Job Developer after she joined the staff in Phase II. The orientation involved holding individual conferences with social welfare directors, public health nurses and homemaker/home health aide supervisors of volunteer agencies. Further understanding was developed during the Supervisors Workshop and through telephone conversations.

Mrs. Mariella Smith, State Consultant on Homemaker Service, assisted in making field experience placements. Mrs. Smith introduced the staff to social welfare personnel around the state and in general developed a climate for cooperation between the agencies and the training center. Mrs. Smith's assistance was especially appreciated during Phase I when the training staff was smaller and the Program was new. The Job Developer made placements during Phase II, keeping Mrs. Smith informed of all placements and seeking her assistance at once when problems arose. Her assistance has been most valuable through the development of the program.

Field placement planning began during the first week of training when the trainees were given a list of all agencies providing field experience. Each agency was described to the trainees giving such details as size, location, and caseload characteristics so that each trainee could think about her preferences for placement.

Trainees from a small town were encouraged to take field experience in a small town because they most likely would return there for employment.

After the trainees had made their choices, the Job Developer called agency supervisors to determine if field experience could be provided, and if so how many trainees they could take. She arranged other details such as where, when and to whom the trainees should report. The agencies' ability to provide field experience was dependent upon their own caseload and staff obligations.

During Phase II, 4 new agencies provided field experience. As the number of agencies providing experience increased, more selective placement was possible. If an agency's caseload was low or supervisors were extremely busy, another agency was chosen for that particular session.

The Job Developer made lodging arrangements for the week of field experience and also arrangements for transportation during the week, and to and from their homes on weekends. Limited subsistence allowances affected the choice of housing and transportation, thus requiring placement adjustments. For example, trainees who could make housing arrangements with friends or relatives were given preference at that location.

After placements were decided upon, each trainee was given a "field experience policy sheet", "mileage chart", and "instruction sheet" which were discussed by the Job Developer with each trainee. The "field experience policy sheet" provided guidance for the trainee in orienting trainees to field experience and avoiding problems in conduct, dress, and transporation. It also included the home telephone number of each staff member, of the training center, and of the field experience supervisor. Trainees were encouraged to get the telephone number of the homemaker with whom they would be working. The "instruction sheet" gave the name and address of the agency where they would be working and the supervisor's name. It gave lodging, and transportation instructions and suggested places to eat.

Because of distance, the staff was not able to observe or supervise field experience. Furthermore, HSDTP staff probably could not have supervised the trainees as adequately as agency supervisors. They would have intervened in the chain of command within the agency, and would not have been familiar with the clients, their background or their present situation. During the week of field experience, however, staff kept in contact with the agencies to obtain a progress report and discuss problems which had developed.

Evaluation of field experience was obtained from the supervisors who completed a written evaluation of each trainee. Also, each trainee prepared a written evaluation. At the Monday morning session following the week of field experience each trainee shared with the other trainees and the staff an oral evaluation relating her week's experience. These evaluations were taped and later reviewed by the staff.

Agency experiences of field placement

Field experience was provided by eight county social welfare departments, five public health offices and home health agencies, and five volunteer organizations. Field experience supervisors were trained and experienced social workers, registered nurses or home economists. The importance of working through agencies was made clear in the early phase of the training program. One trainee in Class 2 took field experience in Manhattan and was supervised by a staff member. This was done on an experimental basis and it proved to be unsatisfactory because of the absence of the organized agency and adequate supervision. Therefore, all other trainees were required to take field experience in agencies with an established homemaker service.

Multiple placements with two agencies, usually health and social welfare, were made more often during Phase II. These proved to be very satisfactory and fifteen had such placements. Trainees were able to see how a homemaker/home health aide functioned in two quite different situations.

The homemakers employed by the agencies with whom the trainees worked had various training backgrounds. Some of the Kansas City homemakers had been trained in 1967 in an in-service training program developed at Kansas City. Others had been trained individually by the agency with which they worked. Several agencies had held their own training programs. The State Consultant on Homemaker Services had conducted an area training session for two social welfare departments before the HSDTP was initiated. Also it was not until approximately 9 months after the program had been going that the HSDTP tended to be recognized by the state as the preferable style of training. As late as the later part of Phase II, however, one county continued to hold the feeling that they could provide adequate training for their homemaker and cancelled reservations for her training. Increasingly, however, as agencies employed HSDTP graduates, the merits of the training were recognized and trainees tended to be working with graduates of HSDTP during field experience.

Problems encountered in field training

Initially there were problems because the style of training was new, homemaker service was new, and the agencies were new. Beyond this however, there were other problems that arose in relation to field experience in the areas of supervision, variety of experience, housing, money, transportation, dress, trainee-homemaker relationships and trainee-client relationships.

Supervision was a problem particularly the first time an agency provided field experience. Homemakers were apprehensive about the trainees and what they should do, and the staff was not familiar with the agencies nor the agencies with the staff. In these situations the staff took special effort to discuss cases with the supervisors and to help schedule experiences for the homemakers. Also there was more follow-up.

At times the supervision of trainees was inadequate despite preliminary arrangements. In some cases the supervisor gave the trainee the client's name, address and a case history before sending them out on their own. Trainees experiencing this type of supervision were understandably disappointed. In other situations, the agency homemaker considered the trainee as a relief worker and not as someone to observe as she worked with families. In these agencies the staff gave additional counseling and reiterated that trainees were expected to assist whenever possible and to work with, not for, the agency homemakers.

Variety of experience was a factor considered when making placements. Whenever possible it was deemed desirable to have the trainee gain experiences working with families with young children, the elderly, post operative, terminal cancer, or mentally retarded cases. At times a variety of experiences was not available.

Housing was a problem for many trainees. The MDTA ruling which states that trainees' subsistence allowances can exceed the amount paid to the training center by $1.00 resulted in inadequate funds for obtaining suitable housing even though the allowance was increased for Phase II. The staff was not familiar with low cost housing in communities and often local agency staff was not familiar as well. Trainees complained that hotels where they were sent were not clean, their beds had not been changed and mostly old men lived in them. During Phase II housing facilities were checked by the Job Developer. Also as agency personnel became more familiar with low cost housing these problems tended to ease. Also during Phase II private homes were utilized whenever possible.

Housing presented a problem for the first trainee ever placed. The suggested low rent housing in a nearby town was taken to reflect racial discrimination and the trainee returned to the center. Upon investigation it was found that the available housing in the community was at too high a rental rate for the trainee to pay, and the neighboring town was considered by local residents not to be inferior. The housing was clean and decent. The problem would not have arisen had the supervisor not been called away by an emergency and had the deputy been better briefed.

Housing discrimination became a problem in only one situation. This is described in a case history so will not be discussed further here. (See page 130.)

Money for use by the trainees during field experience presented a practical problem for many trainees. They lacked the cash needed to pay for their subsistence and yet the subsistence allowance was not paid until their return. Often the center needed to advance money to ease this problem. The other problem was, as was previously mentioned, that the amount was inadequate to provide adequate housing.

Transportation within the town assigned for field experience created problems because of poor public transportation. Train and bus service in some parts of the state is not adequate. If bus service was not available and trainees did not drive or did not have a car available to take them to field experience, the trainees could not be assigned to the location of their first choice. Other placements had to be found for them.

Transportation within the town or city usually was not a problem except in Wichita and Kansas City where public transportation is available. It does not reach all sections of the city. Also women who were not familiar with the city had problems with catching and transferring busses. After 4 trainees experienced difficulties, field placement in Kansas City was restricted to ladies who were familiar with Kansas City and its bus system. In Wichita the necessity to use bus service resulted in a lighter work schedule because of time losses, in obtaining bus transportation, or loss of time for the supervisors who transported trainees to cases.

Dress was not a problem except in one case. In this case the supervisor of the agency was new and did not realize the trainees were not required to wear uniforms. The trainees took offense at the supervisor's expectation that they be in uniform. HSDTP did not adopt a prescribed uniform. Uniforms tend to identify an agency or style of service, and it was felt that the development of uniforms should be the prerogative of the supervising agency not the HSDTP.

Trainee-homemaker relationship problems were discussed above under supervision.

Trainees were anxious to observe as much as possible during field experience. Sometimes they became impatient with clients who did not want to be observed while being given personal care. These problems were overcome through field experience orientation.

Field experience has improved during the two years of the HSDTP. Agency planning and supervision improved as well as did the training center's orientation to agencies.

Benefits trainees received from field experience are reflected by their following comments:

> "I was able to see how badly these people need support while they're going through stress situations. They don't need someone to make up their mind for them. But they need support of a homemaker to help build up their confidence so they can make their own decisions."
>
> "The social worker refers cases to homemakers, then homemakers help decide what is needed, how much, and how long help is needed in the home. I found that the staff believes the homemaker plays a large part in homes where there's a problem."
>
> "One thing that impressed me so was that the clients all loved her so (the homemaker). Some of the old folks who couldn't remember thought maybe the homemaker had missed them or forgotten them. When it was time to leave they could think of all kinds of reasons why she shouldn't leave."
>
> "Homemakers cut down on the work load of social workers and help save the state money."

"It was a very interesting week. When Harvey County set up our field experience they did it in such a way that we would get acquainted with all the resource agencies in the community. We sat in on 2 staff meetings at the courthouse. In the first meeting they had a director from Topeka explaining how they would be separating their services and it was new to everyone and they talked it all out. That was good for us."

"We went with the homemaker to pick up a baby from the foster home that was to be adopted out. And that trip picking up that baby sort of put in a parcel the whole picture of what homemaker service really can do.... They all work together, extension, social welfare, and public health."

"Actually coming in contact with the people in their homes was a very interesting and educational thing."

"My field work has shown me good homemaker/home health aides are needed. One who can work and not be afraid of dirty work, can size up the situation, give personal care. It is very important that she accurately record from all areas."

"I got to sit in on a meeting with psychiatraist, health nurse, social worker, homemaker. And we discussed a family; everyone threw in their 2¢ worth, including the homemaker about what they had accomplished and what was still going on. It was just an education for me to see how many people were involved in one family. And everyone had something to add. The homemaker really knew more than anyone else did about what was happening in that home."

"In staff meeting they taught me a lesson. I'll never use the word welfare client anymore. It's low income people. Before I had that inward feeling, he was just somebody that won't work and is just shiftless. They brought out the good points about him."

"Friday we had a conference with our supervisor in the office. Each homemaker told what they were doing and the supervisor told why each homemaker had been sent to each one. This was very enlightening to understand why and how homemakers were assigned to their cases."

"They (social workers) like to have the homemakers come in and talk and tell them what clients need. One family was washing in the tub. The homemaker was able to see this so welfare got them a washer. It's good feedback for social workers--they really need this."

"In the office I was instructed how to keep records and given professional instruction. We were told not to use clients names when we were talking about them."

"My supervisor said, 'Don't worry if you don't work a full 8 hours. Some clients just need companionship! But my problem was I got so involved I didn't want to stop. I also got to meet the whole welfare staff. I was really surprised! I was just a homemaker."

"During field experience I was really able to apply what I had learned."

JOB DEVELOPMENT

At the outset it was presumed that job placement would be done by state employment service offices because applicants registered there before taking training. It assumed that women not employed by agencies would find employment on their own by use of employment offices. However, after a few training sessions it became evident to graduates and staff that private and public employers of homemakers, as well as state employment service counselors, were not sufficiently aware of the responsibilities attendant with homemaker service or of employer responsibilities. Homemaker service was new and an insignificant program for the employment service. It was too much to expect that they would learn immediately about the service and view it in correct job placement terms. Further, the role of the employment service is placement, not supervision. Supervision is a very important aspect of homemaker service.

The Program Coordinator gradually assumed the role of assisting women who did not take employment within an agency to find jobs. Publicity about the program prompted prospective employers to call the training center requesting graduates to assist them in their homes. The Program Coordinator worked as much as possible in job development to make contacts for placement, explain job description of a homemaker and upgrade the profession during Phase I. This took such a large share of her time that a Job Developer was added to the staff during Phase II to assist graduates in securing employment, to familiarize agencies with the training project and homemaker/home health aide service, and to undertake any other activity that would develop a climate of understanding in the state for homemaker service. The Job Developer held personal conferences with social welfare directors, public health nurses, employment service officers, and home economists. In fact the role of Job Developer became increasingly one of developing liaison with the various agencies and employers, A more appropriate description of this job now might be "agency liaison coordinator".

Problem areas

Several observations arising out of problems encountered during the project relating to jobs are noted:

- Homemaker service is new in Kansas, and is not properly defined or understood. Therefore communities and agencies misconstrue the service and fail to see its value.

- The DOT classification of homemakers is under "maid general" (domestic service). Therefore it is difficult for employment officers to understand HSDTP's definition of a homemaker. Many other people consider the homemaker a maid or housekeeper.

- The thirty employment service offices in the state are remote from many of the rural families. Even if employment office personnel were well informed about the training project and homemaker service they still would not have close enough contact with a large segment of the rural population to be effective in placing graduates.

. Employers, particularly, private employers were not accustomed to inquiring at the employment service for homemakers.

. Employment service, public health and social welfare personnel and the general public have not been accustomed to differentiating custodial from personal care services rendered in the home.

. There has been reluctance on the part of county social welfare offices to employ a homemaker/home health aide as a staff person because:

(1) there is a shortage of agency staff to supervise the agency homemakers.

(2) county commissioners often did not see the value of homemaker service, but viewed it as an added responsibility and luxury.

(3) county commissioners did not see the savings potential homemaker service could bring to the county.

(4) there is a disposition to wait for other agencies to employ homemakers on their staff so the service could then be purchased as needed by the county welfare office.

(5) there was an inclination not to incorporate homemaker/ home health aide services into the budget without assurance there would be trained personnel available for employment. This became a vicious cycle. It was difficult to attract women to take training without the promise of jobs.

. Low salaries and inadequate benefits offered by private employers made job placement difficult. Sometimes private employers were financially incapable of paying homemakers what would be considered adequate salaries and benefits.

. Public health agencies that did use homemaker/home health aide service generally paid lower salaries and the amounts varied from agency to agency. Likewise volunteer agencies tended to pay low salaries.

. Agency directors anticipating the development of homemaker service in their agency within the next year had not determined the type and amount of supervision homemakers require, to whom the service would be available, and the priorities for utilization of homemakers.

Economy of homemaker/home health aide service

One of the major obstacles to the acceptance of homemaker service was a misconception of its costs. County commissioners tended to view the addition of a homemaker to the staff as an additional expense, often failing to estimate the savings the homemaker would effect. Also,

individual employers tended to think that paying even the minimum wage was an extravagance, unless this cost was seen as an alternate to the cost of hospital care.

Cost-savings data were obtained and used in job development to allay these fears, and in fact to show that a county cannot afford to be without homemaker service:

The Douglas County Visiting Nurses Association found that in their first 6 months of operation, they were able to save 200 hospital days or $10,000.

Ottawa County Department of Social Welfare saved over $11,000 net in one year by using homemakers in two family situations. Alternative care would have been nursing home for an elderly couple, and foster home care for five children. Beyond the dollar savings the homemakers were able to preserve continuity of living for these families. This is only a portion of the results reported in the Nordstrom thesis. (See page 168.) It was used extensively in publicity.(See page 164.)

The economy resulting from the utilization of women who otherwise were unemployed or underemployed is readily apparent. But an excellent example is to be found in case history - Mrs. J. page 138. A study is in the process of being made by the Job Developer which will provide an estimate of the aggregate increase in income of women who have taken training.

This section on economy is being written as the news reports mounting hospital costs are predicted to rise above $1,000 per day and in the midst of a general acceptance that 20% of the patients in hospitals are there because alternate care is not available. Homemaker Service makes good economic sense in these days of rising costs, increased need for hospital utilization, growing scarcity of trained and specialized talents, rising unemployment and in the meantime family crises continue.

Job development at county level

Job development was conducted on a county level with agencies, community leaders and individual employers and on a state-level with state directors whose agencies could benefit financially or through improved services offered clients, if homemaker service was available to every Kansas family.

Homemakers function most efficiently and effectively when employed by agencies because they need supervision. Working with an agency also insures better working conditions, steady employment, better salaries and benefits. Therefore the primary emphasis of job development was to encourage agencies whose structure permitted to establish homemaker service.

Advisory Board members assisted HSDTP staff in working with counties and agencies to increase the job market for homemakers, and to inform Kansans of the social and economic advantages of homemaker service as

opposed to alternate services. They held workshops, conferences, and interviews with agency directors, supervisors, county commissioners, and meetings with the general public.

Mrs. Smith, Miss Regier, Home Health Nursing Consultant, Kansas State Department of Health, and the training staff assisted counties in analyzing their need for homemaker service and considering organizational alternatives for the service. There were several different approaches used in the promotion of homemaker service in Kansas. Three examples and an evaluation of their effectiveness were given by the Homemaker Consultant for the State Department of Social Welfare. (See page 163.)

Job development at state level

Dr. Morse, Project Director, and the training staff corresponded and held personal conferences with state officials to explain homemaker service and familiarize them with its cost-savings potential. Interest in homemaker service originally developed out of actions taken by the Advisory Committee of the State Department of Social Welfare, Division of Services for the Aging of which Dr. Morse has been chairman since 1961.

Dr. Morse related Miss Nordstrom's study and discussed its implications with Mr. James Bibb, State Budget Director, Dr. E. D. Lyman, Secretary of the State Board of Health, Mr. Ivan Anderson, Director of Planning Services, Blue Cross-Blue Shield and Dr. Robert Harder, Director of the State Department of Social Welfare. Dr. Lyman, Mr. Anderson, and Dr. Harder have expressed concern about the rising cost of medical and social services and have recognized homemaker/home health aide service as an acceptable and desirable alternative. Mr. Bibb has not responded.

Blue Cross-Blue Shield of Kansas is interested in discussing the possibility of selecting a demonstration county health program to show what can be done with a homemaker/home health aide under the supervision of a cooperative physician. Mr. Anderson attended the May Advisory Board meeting to familiarize himself with HSDTP and to learn how best to assist in the promotion of homemaker service.

Mrs. Josephine Moen, Social Welfare Director for the Ottawa County and HSDTP Advisory Board member, is chairman of the State Homemaker Committee of the Kansas County Social Welfare Directors Association. This committee recently submitted its recommendations for homemaker service to the Executive Board of Kansas County Social Welfare Directors. Excerpts follow:

> "(1) That reconsideration of the Civil Service status of the Homemaker position salary (Range 21) be referred to the Personnel Committee for the purpose of upgrading this to at least that of the Program Worker I (Range 24) or II (Range 26).

(2) That state policy and guidelines be defined as to whom the Homemaker may provide service for. Since the Social Service Unit provides service unrelated to former, current, or potential financial need to the blind, the aged, the children, is the Homemaker Service to be considered as a community service available to all?

(3) That guidelines from the state level outline methods of buying Homemaker Service to insure maximum federal participation. The committee believes that this allowable item of special need is not understood and that the methods of making payment need clarification to insure better use of this resource.

(4) That provision of state level guidelines will encourage more county welfare departments to provide Homemaker Service. Study in one county has shown a major saving of $11,000 in addition to maintaining family life and protection for aged and children.

We recommend that the Board transmit in writing to the State Director of Kansas Department of Social Welfare your decisions.

In addition we suggest that the advantages of Homemaker Service be considered as part of the seminar for welfare directors, July 23 and 24, 1970."

Mr. Lauren Harrod, Director of the Division of Services for the Aging, State Department of Social Welfare, and Advisory Board member has worked extensively with county commissioners. He utilized the Nordstrom cost-savings study to assist commissioners in understanding the financial benefits to counties offering homemaker service. He and his staff also related the need for homemaker service to improve the personal care available to the aged particularily in the rural areas of Kansas where personal care is so lacking.

Employee-employer counseling

In the Manhattan area the Job Developer counseled with individual employers concerning their job expectations, salaries, and benefits before homemakers were referred to the employer. If problems were anticipated, the Job Developer went to employers' homes to discuss their situation and at times took the homemaker for her interview. If the family was unable to pay for homemaker service, social welfare or public health offices were contacted.

Present and potential employers were invited by letter to attend an employer conference on March 23, 1970 at Ula Dow. A two hour evening session was planned. The response was so small that the proposed conference was canceled by the Job Developer who telephoned each of the 17 individuals or couples invited and discussed possibilities for a future conference with them. Three said they would not be interested in attending a future conference because they did not intend to employ a homemaker, they needed a babysitter, and homemaker service was too expensive. Reasons for the failure of this conference were: employer misunderstanding of conference objectives, reluctance to discuss personal situations, inclination to think of themselves just as being in need of assistance, and conflicting commitments. More personal contact should be made with employers when planning for future conferences.

Classroom discussions on employee-employer relationships have been conducted during training to assist women working for private employers. Explaining their job duties to employers, guidelines for determining salaries, pay periods, benefits, and working conditions give trainees additional self-confidence to assist them in negotiating with future employers. Homemakers working for private employers are handicapped. It is difficult for many to negotiate fair wages and benefits. They need the support of an agency for supervision. An agency job also offers steady employment at an adequate wage.

Results

Progress has been made in the development of understandings needed for the establishment of homemaker service. Some of the major advances are:

. The number of agencies offering homemaker service has increased. In 1968, when the project first began, five volunteer agencies in Kansas and Kansas City, Missouri, six county welfare offices, and one public health office provided homemaker service. Most agencies employed no more than one homemaker. At present there are 8 volunteer agencies, 10 county welfare offices, 13 public health offices, 1 model cities project, and 1 housing project providing homemaker service.

. Shortages in the supply of trained homemakers to work in agencies are being met. HSDTP has been able to train homemaker/home health aides to fill agency positions as they are created or vacated. However, the creation of new homemaker/home health aide services needs to be accelerated if the goal of making this service available to all is to be met.

. Employers of homemakers in the Manhattan areas who have been counseled have improved in their understanding of homemaker service. Usually they are willing to pay the salary homemakers ask, which is $1.75 an hour.

. Homemakers are being considered in the development of career ladders. Two agencies have upgraded the status of homemakers. Mrs. Moen's committee's recommendations to the Executive Board of Kansas County Social Welfare Directors recognizes the need for upgrading of the profession.

. An increasing number of employment service officials have a good understanding of homemaker service. Increasingly they are able to relate to prospective trainees HSDTP's definition and goals.

. More supervision of homemakers will become available with administrative changes in social welfare. During 1970 as social welfare departments separate services from financial assistance, a portion of the staff will be assigned to work exclusively with social services.

. The number of requests received by the training center to assist agencies in establishing homemaker service has increased. These requests enlarge the opportunity and responsibility of the HSDTP to assist Kansas communities in the development of homemaker service.

. Newspaper articles and feature stories elicited the largest response from potential private employers. See Table 20 for results of job development techniques and Appendix E for examples of news releases.

. Research has contributed to job development by providing not only supportive data but an attitude on the part of the entire staff which placed under constant scrutiny basic phases of the program. A list of research publication is in Appendix F.

. Job development has resulted in improved understanding of HSDTP's goals and purposes, both on the state and local levels. The formation and development of favorable attitudes toward utilization and supervision of homemakers are vital to the success of the training program.

PLACEMENT

Graduates of HSDTP are employed as homemaker/home health aides by agencies or private employers. Agencies employing homemaker/home health aides are social welfare offices, public health offices, volunteer agencies, a model cities project and a housing project. Agencies employ graduates either on referral through clients' grant or as a staff member. The emphasis of the HSDTP has been to place women on staff with agencies to insure better salaries, fringe benefits and more desirable working conditions.

Employment Profile of Graduates*

Phase	Homemakers working on own	Homemakers working with agency: Vol.	Soc. Wel.	Pub. Hlth.	Hsg. Prj.	Model Cities	Related	Unrelated	Unemployed	Unknown
I	12	7	2	4	0	0	8	12	10	2
II	8	2	8**	14	4	4	1	5	6	0
Total	20	9	10	18	4	4	9	17	16	2

* Two enrolled in school and one deceased.
** Two on referral paid through clients grant.

The employment profile of Phase II graduates is significantly different from Phase I graduates in several ways:

(1) The 83% of Phase II graduates employed is greater than the 76% of Phase I graduates employed.

(2) More Phase II graduates found employment as homemakers, 76% as opposed to 42% of Phase I graduates.

(3) A higher percentage of the Phase II graduates found employment as homemakers with agencies. (60% vs. 22%).

Several trainees who did not find employment as homemakers found placement in jobs related to the objective of homemaker service, such as nurses aides, psychiatric aides, nutrition aides with the Kansas State Extension Service. Some trainees returned to previous employment.

While HSDTP does not guarantee employment it does assist graduates in placement. HSDTP has placed a total of 11 graduates with agencies and 17 graduates with 35 private employers. Through cooperation with agencies who have homemaker service an additional 26 graduates were placed. Eleven graduates were employed by agencies before enrolling in HSDTP. Other graduates found employment on their own through referrals from doctors, nurses, friends, the employment service and by answering newspaper advertisements.

Job characteristics

Salaries, benefits and working conditions of homemakers vary greatly, depending upon their place of employment. Salaries of agency homemakers were generally higher than homemakers working for private employers. Agency homemakers salaries' varied from $1.37 an hour to $2.80 an hour. Graduates employed as homemakers by social welfare departments have a civil service classification; home health aides do not. Each county determines the home health aide's salary. Two public health offices paid under $1.60 an hour; all other agency homemakers received above $1.70 an hour.

Most common benefits offered by agencies are social security, one day a month sick leave, 10 to 12 days vacation after the first year of employment, transportation expenses and compensatory time. They also have a 40 hour work week. However, homemakers paid through a clients grant received from $1.25 to $1.85 an hour. Social security was the only benefit, if any, they received.

Private employers were not familiar with the job description of homemakers. A vast majority expected homemakers to be a housekeeper They do not understand that she is trained to give personal care, or to help them learn to better care for their home and family. They tended to not consider paying adequate wages, or providing fringe benefits, and employers were unable to determine acceptable work loads for homemakers.

There was a difference between salaries of private homemakers in the Manhattan area and those working in other areas of the state. Graduates in the Manhattan area received $1.50 to $1.75 an hour plus transportation, and $12 to $15 a day on a short-term live-in basis. If the job was arranged through the project, every effort was made to secure $1.75 per hour. This is above minimum wage and far above the going rate for domestics and many other workers, in the area. In contrast, private homemakers in other sections of the state earned $1.00 to $1.50 an hour.

The problem of wages being below the minimum wage level is a source of much concern. Several things must be considered in regard to this situation. Kansas is predominately a rural area with many small towns where salaries are below minimum wage for many workers. Even in some of the larger towns, such as Manhattan, the labor market tends to hold wages very low. For example, women clerks in retail establishments usually receive less than $2.00 per hour. It is often impossible for such people to pay even $1.60 per hour for homemaker service so a homemaker may work for less.

The number of hours graduates were employed by private employers varied from 4 to 6 hours a week, and job duration ranged from one-half day to long-term positions.

Privately employed graduates received limited benefits. Graduates in the Manhattan area received transportation expenses. Those working in other parts of the state did not always receive this benefit. When a graduate worked over 20 hours a week at long-term jobs she usually

received social security benefits; for short-term jobs she did not.

Negotiating with private employers is difficult for graduates. For this reason much emphasis is placed on the importance of discussing all aspects of a job during training. Nevertheless the Job Developer is often needed to provide supportive services to graduates. Many instances could be cited where training gave graduates confidence needed to negotiate with employers for higher salaries and better working conditions. One graduate previous to training did not discuss salary or benefits prior to employment; she accepted what was given her. During training she figured the hourly wage one employer paid her was $.35 per hour. After graduation from HSDTP, this graduate was called by her previous employer to ask her if she would return to work. When the graduate told the employer she would not work for less than $1.75 per hour, the employer said she would find someone else for the job. After unsuccessful attempts to hire someone at a lower wage, she hired the HSDTP graduate and paid her the $1.75. Many other graduates who did not have the self-confidence needed to ask for higher wages have done so as a result of training and have received not only the wages asked, but also transportation and social security. This takes employer training as well as employee training.

Characteristics of employers

Employers characteristics varied by income, age of family and place of dwelling. They generally lived in single family dwellings, were elderly, and their income was under $15,000.

Homemakers do not work for families who simply can afford the luxury of their services, but are employed by families who need assistance during a crisis. In many cases, family income did not determine utilization of homemaker service. Therefore, HSDTP believe homemaker service should be available to all Kansas families on a sliding fee scale basis.

Terminating employment

One-third of HSDTP's graduates have terminated employment with at least one employer. Most common reasons for changing employment were: employers no longer required employees' services, low salaries and inadequate benefits. Changing jobs because employers no longer need the services of a homemaker leads to insecurity for privately employed homemakers. This is a major reason graduates from communities without agency homemaker service accept employment in related occupations.

Six homemakers reported quitting jobs because they felt they were receiving inadequate salaries and benefits. Two of the graduates were working for agencies, one of these through the client's grant. The other graduate was earning over $2.00 an hour plus social security, paid vacation, sick leave, transportation, compensatory time, retirement, health insurance, life insurance and uniforms. She returned to her previous employer because she considered her net salary to be larger. She received $1.60 an hour, but no benefits. This experience shows the

need for full comprehensive explanation of all aspects of payroll deductions so graduates will understand that deductions should be viewed in terms of the future benefits they may yield.

Two older graduates changed from full to part-time employment because they received social security. One lost her job because the employer wanted only full-time employees.

Private homemakers change jobs more often than agency homemakers. Seven agency homemakers have changed employment, three because of family problems and illness, two because of salary, and two did not find their jobs satisfying.

Restrictions set by graduates and employers

Graduates frequently restrict their employment choices to working in their home town area, no heavy cleaning, and no night work. Only 10 graduates would accept work on a live-in basis. Graduates who restricted employment to their home town area did so because they owned their home or had families. Twenty-three graduates desired part-time work because of age.

Agencies presently restrict homemakers from living-in except for short time periods. Most agencies give homemakers compensatory time rather than paying over-time. They restrict them to light housework. Generally homemakers working for social welfare departments do not provide as much personal care as those working for home health agencies and visiting nurses associations. Agencies more often than individual employers require homemaker/home health aides to complete the HSDTP and to own a car.

New Town Housing Project restricts their homemakers to teaching in the home management and child day care centers. They also may assist families in crises for a short period of time. They do not work on a live-in basis or receive compensatory time. The only benefit they receive is social security.

About one-third of the employer requests from Manhattan were for live-in homemakers. Specific skills requested most often were for personal care, meal preparation and light housekeeping. The private homemaker was not often requested to assume a teaching role.

The number of requests was evenly distributed between families with children and the elderly. Only ten prospective employers did not hire a homemaker because salaries were too high. However 56 or one-half of the employers said they could not afford to pay over $1.75 an hour. Yet one third of the requests were not filled because a homemaker was not available. Employers requiring a substitute-mother asked about the homemakers training and qualifications more often than any other type of employer.

Career ladders

Mrs. H., from Topeka, was employed by the Shawnee County Social

Welfare Department as a household aide after graduation. The duties of a household aide were the same as a homemaker, except aides do not provide 24 hour care or assume full responsibility for a home. Salary for household aides started at $242 per month with benefits the same as for homemakers. Mrs. H. was later promoted to a homemaker, which paid $321 a month and entrusted her with more responsibilities for personal care of families.

A home health agency, VNA, employing 4 graduates asked the project for information on training and duties of home health aide supervisors. The agency plans to promote a HSDTP graduate to assist in supervising and orienting new home health aides and HSDTP trainees during field experience.

Catholic Family and Community Service of Kansas City, Missouri had only homemaker service when they sent 4 women to take training. When they established a home health agency, one of the HSDTP graduates was named the home health aide. She was recognized for her training over other staff homemakers.

Catholic Family and Community Service of St. Joseph, Missouri, employed a graduate as a homemaker and has since promoted her to homemaker supervisor.

Employment counseling

Employer counseling has been of assistance to both employers and employees. The Job Developer assists employers and employees in working out placement details prior to employment and in solving problems that have arisen after placement. (See case histories, pages 133-138.)

Graduates working on their own in the Manhattan area express more satisfaction with their employment than privately employed homemakers in other parts of the state. Agency homemakers are generally more satisfied than private employees. Employment satisfaction of private homemakers may be directly related to employment counseling.

Summary

The record of placement is summarized in the tables appearing on pages 90 to 99.

FOLLOW-UP

The Program Coordinator interviewed Phase I graduates and their employers, and homemaker supervisors two to three months after graduation. The results were published in Mrs. Zimmerman's Master's thesis.(See page 151.) The Job Developer also conducted interviews with graduates, employers and supervisors during Phase II. Approximately one month after graduation trainees were mailed a questionnaire concerning their employment, salary, benefits, and job satisfaction. The employment service office also sent out a questionnaire to graduates at this time. The two questionnaires often caused confusion on the part of the graduates who did not understand the importance of completing both.

All graduates were encouraged to keep the staff informed about their employment status. In return, graduates were informed of agency vacancies and requests from private employers. The HSDTP issued a newsletter with news of the program and activities of the graduates and staff.

Homemakers employed part-time by private employers were generally satisfied with their work. But homemakers working full-time on their own outside the Manhattan area were not as satisfied with their employment as homemakers employed in agencies.

Follow-up interviews and correspondence with trainees after graduation indicated they needed supportive services of the training program to find employment and to act as a liaison with employers. Although the trainees felt upgraded and were trained for a job that had status and dignity when they graduated, this had to be reinforced with upgraded employment. (See pages 128-138 for follow-up case studies.)

Profile of a successful graduate

The profile of a successful trainee-graduate was based on her performance as a student and employee. The success seemed to depend more upon attitude development than on how many facts the trainee learned during training.

A successful graduate enjoys working with people and feels that assisting people and families to remain in their own home is rewarding and worthwhile. During training she was eager to learn new methods of doing tasks. She adjusted to group living and was cooperative with both students and staff.

On the job the successful graduate is able to identify problems in homes and work as a part of a team, and/or under supervision to assist families. Friendliness and ability to empathsize with families' problems is an important characteristic of a successful graduate.

Factors involved in determining degree of student success were:

1. Attitude toward the training program.
2. Attitude toward working as homemaker/home health aide.
3. Attitude toward and interest in subject material.
4. Attitude toward helping families in their homes.
5. Cooperation in group living.
6. Cooperation with staff.
7. Being in class on time.
8. Completing (group) work assignment (to keep on schedule).
9. Class attendance.
10. Attention and interest during class period (staying awake).
11. Attitude toward field experience.

Success in employment was rated on:

1. Attitude of graduate toward working as a homemaker/home health aide.
2. Attitude toward working with people.
3. Professional development.
4. Ability to take and carry out instructions.
5. Satisfaction of supervisor or employer.
6. Willingness and eagerness to accept desirable employment.

The ratings of 98 of the 112 graduates as students and employees were consistent. The better students were the more successful employees and vice versa. The 14 who were inconsistent rated higher as a student, in the sheltered confines of the training center, than as an employee. This was anticipated by the staff for ten of these cases.

Reasons graduates are less successful on the job are: unfavorable attitude toward working as a homemaker, poor communication between agency and graduate, inability to make necessary decisions and need for constant supervision, lack of interest in this type of work and personal problems such as alcoholism and poor health.

In the 4 cases where the staff did not anticipate differences in student and employee performance 3 came from the same town and had communication problems with their community agency which they were unable to overcome to engage in successful employment. The fourth graduate as a student was repulsed by the thought of cleaning people's houses and working with low income families, which was her understanding of a homemaker. Since graduation she has been employed by a health agency which has 4 home health aides. The supervisor has been able to consider the home health aides' preferences when scheduling visits. This graduate has proved very successful with her clients.

COMMUNITY CONTRIBUTIONS, SERVICES AND ACTIVITIES

Many individuals, organizations and agencies were involved in helping with the training program and with carrying out its objectives.

The State Employment Service interviewed each applicant at local offices, forwarded the applications to HSDTP for final selection of trainees, and certified women for training allowances. The Manhattan KSES office was assigned responsibility to coordinate the application procedure and to represent the 30 local offices. This additional load was carried by the Manhattan office as though it were an opportunity to serve and not as a burden to bear.

Orientation of employment officers was one of the first challenges facing HSDTP since the local office was the point of initial application for training. Explanation of homemakers, homemaker service, and HSDTP has been a continual process, not made any easier by the absence of a good DOT definition.

Personal visits to offices, memos, telephone conferences, printed materials and involvement of employment service personnel on HSDTP's advisory board have been used by HSDTP staff to supplement the excellent memoranda and directives issued by the state office. This reflects the joint efforts of HSDTP and the State Employment Service which was vital to the success of the program.

Areas needing clarification included the definition of homemaker, HSDTP's goals, salaries, benefits and working conditions of homemakers, the type of women HSDTP desired to train and eligibility of prospective trainees for allowances and training.

The HSDTP Advisory Board helped make decisions that affected the purposes and objectives of the project, gave guidance to project staff and distributed publicity media. They were constructive in their suggestions and congenial as a group. Many assisted individually in counseling, promoting, and teaching.

The University assisted with administrative aspects of the contract, in refurbishing and purchasing facilities for the training center, and in providing many extra services, such as use of equipment and teaching facilities and use of its radio network and news bureau. Several businesses contributed equipment and furnishings at educational discount.

Many individuals participated in training as teachers and resource leaders. For some this was an extra burden to their scheduled activities. For a few others it was absorbed with their university activities; it was an added responsibility for which they were not reimbursed. Those who retired were reimbursed for their efforts. As the "newness" of the project wore off, and duties became burdensome, new persons were brought in.

One unique and interesting aspect of the promotional efforts of HSDTP is that it has not met with objection of any vested group. No so called back lash or defensiveness has been manifest. The major problem has been indifference, ignorance and reluctance on the part of established leadership to think in creative terms about this career in a new service. However, leadership in all related areas has to some extent shown an inclination to accept homemaker service and see how it could be established in their integrated programs with the notable exception of the medical association. Repeated invitations to gain their recognition have not been fruitful.

Comprehensive health planning committees and appropriate subcommittees have accepted the recommendation that homemaker/home health aide services be encouraged and promoted. The Project Director is a member of relevant committees which have taken this recommendation under advisement.

Numerous agencies and organizations expressed an interest in HSDTP.

Impact of HSDTP

HSDTP's impact upon the State of Kansas and the mid-west may be measured by cooperation and support received from individuals and agencies in the State, requests for HSDTP's assistance in community education and organization of homemaker/home health aide service, and interest in development of the service. The impact on various areas is discussed in detail throughout this report. To aid the reader in recognizing this impact, examples are drawn from the report and summarized:

- Cooperation and support of HSDTP was given by extension home economists who clipped publicity in community newspapers and assisted graduates in securing employment.

- Resource people contributed to the project by donating time to teach training classes. (See page 20.)

- State leaders and Dr. James McCain, KSU President, voiced their support for HSDTP when the project was seeking state funds and access to Ula Dow for next year. (See page 50 .)

- Interest in HSDTP has been generated not only in Kansas but across the United States as indicated by receipt of requests for information about the project from outside Kansas and many more from within the state. Mrs. Mary Jo Harbour, graduate research assistant, followed up the out of state requests.

- Research and professional literature was contributed by the project. Seven theses and manuals, as well as various Federal reports were published. Requests for more than 90 of these publications have been filled. In addition, 30 copies are being circulated on a loan basis. (See page 168.)

- Communities within the State have requested and advisory board members' assistance in determining need and possibilities for establishing homemaker/home health aide service. (See page 31.)

- HSDTP provided a focus for leadership in homemaker/home health aide development in Kansas and through the Advisory Board coalesced efforts and interests of various state agencies. The training project drew together these agencies and provided opportunity for cooperation among and between them.

- The Job Developer and State Consultant on Homemaker Service assisted Lawrence Visiting Nurses Association in developing a career ladder for home health aide's. (See page 39.)

- A number of private employers are requesting homemakers and are willing to pay $1.75 an hour plus transportation. The number of agencies offering homemaker/home health aide service has also increased. (See page 33.)

- Leaders in health care and health education endorsed the curriculum of HSDTP for training home health aides.

- Instructors in the College of Home Economics have their classes visit HSDTP to learn the relevance of homemaker service to the needs of families in communities.

- The State Homemaker Committee of the Kansas County Social Welfare Directors Association recommended that the Civil Service position of homemaker be upgraded.

- A training project modeled after HSDTP will be established in Wichita in the fall of 1970. (See page 50 .)

- A Regional Conference on Homemaker Service Training reached leaders in health, education, welfare and labor in five states (see below).

Regional Conference

The Midwest Regional Conference was held July 21,22,23 at the Ramada Inn in Manhattan. The objectives of the conference were:

- To familiarize participants with operations and curriculum of this homemaker/home health aide training program.

- To develop the rationale for the development of homemaker services in rural and urban communities (its justification in community development).

- To gain an appreciation of the value of training from the viewpoint of the trainee and the employer.

- To understand the role of the various agencies in the development and utilization of homemaker services (health, welfare, employment, volunteer, education, church...).

The conference was attended by 70 participants representing social welfare, public health, employment services, extension home economics,

education, other training projects and volunteer agencies from Kansas, Nebraska, Iowa and Missouri. Participants from Colorado who had inquired about HSDTP also attended.

The program included explanation of HSDTP by the staff, presentation by graduates of their training and jobs, opportunity for state and agency discussion of responsibilities for promoting the service, suggestions for starting new programs, and sources for financing training and service.

Keynote speakers were Dr. A.C. Mitchell, M.D., Vice-President of Kansas Blue Shield, and Mrs. Elizabeth Duncan Koontz, Director of Women's Bureau.

The participants stressed the need for a DOT classification for homemaker/home health aide. Mr. Carey, Kansas State Employment Service, expressed interest in developing this definition.

The evaluations showed the conference succeeded in expanding ideas about homemaker training service. Several participants mentioned specific ideas or steps they would take, such as: "learned new sources of funding," "hope to have a homemaker in county welfare department by September," and "plan to set up a Homemaker Council in my state."

Conference proceedings are being compiled for distribution to participants.

The role of publicity

A variety of publicity media were used. These consisted of descriptive leaflets, radio releases and interviews, television interviews, newspaper releases and feature stories, public lectures, attendance at conferences and exhibits. These were used for purposes of trainee recruitment, job development, developing community understanding of homemaker service and stressing the importance of training, particularly for HSDTP.

The Program Coordinator enrolled in a journalism course, which involved responsibility for editing a "home page" weekly feature in a local paper and for writing feature stories. This provided an unusual opportunity to learn how to deal with the press and how to write features.

Recruiting trainees, creating jobs, and developing an understanding of HSDTP and homemaker service was dependent on publicity media. Since HSDTP was under contract with the University, it had access to and was subject to the services of University News, the official information bureau for the University.

This was both an assistance and a handicap. They assisted in writing news releases and had access to all the state papers. However they tended to view as suitable news only that which had significance and importance for the University. This was a handicap for the HSDTP because it meant HSDTP could not issue press releases of its own. It also meant that HSDTP needed to remind the University News offices of the need of the HSDTP for promotional feature articles for its survival and failure of the HSDTP would reflect adversely on the University.

Many newspapers did not consider HSDTP to be news until it affected a person within their readership area. Hence, the dilemma: How to make a story newsworthy that was not yet news. This was a constant battle. A continuous effort was made to impress upon University News that the project depended upon them to give coverage to the HSDTP in a manner which would generate a feeling of its being on going activity. The success of the program depended on the news service to give the program a foothold in Kansas. Two appeals were made in various ways: that this will provide new opportunities for the employment of women and help families in crises.

On two occasions the project had special problems with University News: The first arose when an overwhelming sense of urgency for mass publicity became manifestively clear when the fourth training session had to be cancelled because of a lack of trainees. The very success of the program depended on publicity. At this time HSDTP staff launched a fairly agressive campaign independently. They could not afford to wait for the University News staff. Furthermore, because of their limited staff, University News had told HSDTP staff to send out their own publicity.

Localized releases and features were sent to approximately 30 daily and weekly newspapers over the state periodically, with the request that they send HSDTP clippings of releases. One newspaper editor responded to the Vice-President of the University that he didn't want to be bothered with publicity from a project that had no significance in his area and didn't like the way the stories were written.

This resulted in a conference with HSDTP staff and University News personnel. It was agreed that the Program Coordinator would continue to write the publicity, but University News would edit and release the stories. University News also agreed to ask State Clipping Service to clip the feature stories. This had been a problem because although graduates, and extension home economists and others did send in some clippings, the HSDTP staff had no way of knowing what newspapers printed what stories. Although the State Clipping Service brought more response, the staff had reason to feel there had been more printed than were clipped.

The second problem with University News resulted in October 1969 at the Supervisors Workshop. University News chose to edit down a story in which HSDTP announced two very important positions. The first announced was the goal to insure that homemaker service be available to all citizens in Kansas regardless of income. The second was derived from the Nordstrom thesis, that no county could afford to be without this valuable service.

The news release which was published completely misconstrued the announcement. When the error was brought to their attention, they used much of the press material the HSDTP had prepared for them and wrote such a good article that it was used repeatedly in promotional materials and as attachments to letters describing the importance of the program. (See page 165.)

Printed materials

The question/answer sheet was the major and principle informative material printed by the HSDTP. The first year it was merely a question/answer sheet. By the second year, after the program had accumulated sufficient pictures, a pictorial question/answer sheet was distributed. This proved to be most satisfactory. A total of 12,000 question/answer sheets were distributed to agencies, organizations, individuals, and to the general public.

Research publications

A different style of publicity was the research publications which resulted from the project. (See page 168.) These theses have been widely circulated to agencies and interested individuals.

Newspaper publicity

Informative news stories, feature stories, and picture pages in daily and weekly newspapers over the state, as well as in professional magazines were published.

Eleven feature stories were sent from University News to AP, UPI, daily and weekly newspapers and radio stations. Eight additional features were written for specific daily newspapers (including the Topeka Daily Capital 10/68, The Wichita Eagle 3/19/69, The Manhattan Mercury 2/5/69, 11/20/68, and 11/27/68, and the Collegian 3/5/70).

News stories were sent to local newspapers and radio stations when each trainee enrolled in a session, went on field experience and graduated. Individual releases were also sent out when each graduate attended a Refresher Course, Congressman Chester Mize visited HSDTP, and for Supervisors Workshop.

Special stories were written for Kansas Council Churchman, Kansas Extension Homemaker Council News, Good Housekeeping (3/70), and Community Health Magazines. The Informer (Red Cross Newsletter) State of Kansas Governor's Commission on the Status of Women, 1968 report. The project also received National publicity in releases explaining all the experimental and demonstration projects.

Radio and television

The staff participated in open line and interview type programs. Also 10, 30, and 60 second radio spot announcements were prepared by KSAC and used on a number of stations throughout the state.

The Program Coordinator appeared on 12 open line programs, KJCK (Junction City) KMAN (Manhattan) KFH (Wichita) WIBW (Topeka) 10 fifteen minute interview shows on KSAC (Extension Radio) and made 4 three to five minute tapes for news programs on KSAC and KMAN (Manhattan). Public service announcements of 10, 30, and 60 seconds were sent to 14 radio stations. Television appearances were on WIBW and KTSB (Topeka), and KTVH (Wichita) news and programs of interest to women. Eleven news releases were sent to local radio stations.

All radio stations were very cooperative in scheduling shows, using public service announcements, and using news releases.

Classified ads

Classified ads were placed in six daily newspapers in August 1968 for 2 days to one week. They followed this general format: Training for women, age 40 plus, to work in homes as homemakers. Next class beginning September 2. No personal cost. Write Homemaker Training Project, % Family Economics Department, KSU, Manhattan, Kansas, or call (913) 532-6204.

These ads cost over $75 and only two women enrolled as a result. Ads were not effective recruitment techniques considering the cost and limited use.

Speeches

HSDTP staff talked before professional and social agencies, volunteer organizations and groups of interested individuals.

The Program Coordinator gave 15 speeches to over 1500 people including social workers, county welfare directors, homemaker supervisors, Kansas Commission on the Status of Women, extension faculty, and women from over the state. The Teaching Coordinator participated in a panel at the AHEA Workshop on "Utilization and Training of Auxiliary Personnel in Home Economics".

Tours, conferences and seminars involving college students, visitors to campus, clubs and organizations were held at the training center to explain the project.

Staff members attended the Kansas Citizens Council on Aging Conferences in 1969 and 1970, National Conference on Aging, and Women's Advisory Council on Poverty Conferences where they showed slides, distributed the question/answer sheets and discussed the program with inquirers. Reference was made to the project and question/answer sheets distributed at numerous other events.

Personal visits and conferences

The Program Coordinator visited homemaker supervisors, employers, and the first 35 graduates for follow-up evaluations in Phase I. The Job Developer visited 14 supervisors of graduates and 56 graduates during Phase II follow-up evaluations.

The Job Developer visited 13 employment offices, 9 county welfare offices, 12 public health offices, 2 home health agencies, 9 county extension offices and 9 newspaper offices over the state to explain HSDTP and homemaker service.

Numerous conferences were held with local and state employment service office personnel, Advisory Board members, the Director and staff personnel with the State Department of Welfare, the State Department of Health, State Department of Vocational Education, and others interested in the project. Results of these conferences were better understanding of the objectives and goals of HSDTP, how agencies could work with the project in recruitment of trainees, and job development and in recognition that the HSDTP curriculum met the criteria for homemaker/home health aides. (See page 18.)

Graduate newsletter

Newsletters were sent periodically to all graduates. Subject matter included news on new classes, refresher courses and activities at Ula Dow, job development and employment of graduates. Graduates often contributed information for the newsletter; many wrote to express appreciation for receiving the newsletters. As one graduate says "It makes me realize you're still interested in me, and I enjoy hearing what my new friends are doing".

Progress reports

Progress reports were sent periodically to Advisory Board members to inform them of developments at HSDTP. Continuous correspondence was conducted with over 100 agencies throughout the state for recruitment, job development, and to develop community understanding of homemaker service.

FUTURE PLANS

As early as the November 1969 Advisory Board Meeting Mr. Carey, of the State Employment Office, speculated that the project might be funded under the CAMPS program. He suggested that a special meeting to discuss this with the Regional Office representatives be called for mid January. He also raised the question about the continued availability of Ula Dow as a Training Center.

Just prior to the January 15th meeting with state and regional MDTA officers, the Project Director was notified by the Dean of the College of Home Economics that Ula Dow would not be available after May 31. When this letter was brought to the attention of state and regional MDTA officers at the January 15th meeting, discussion of continuing the program at Ula Dow turned to a proposed program at Wichita which was to be patterned after the HSDTP and sponsored by the Model Cities program and the Wichita-Sedgwick County Health and Welfare Department.

On the assumption that the KSU President, Dr. James McCain, had not been aware of the decision to deny the projects's continuation at the University, the Project Director held up the mailing of the January 20th letter to Advisory Board members until after the President had an opportunity to review the situation. The Project Director conferred with President McCain, and the Advisory Board members were advised of the results of the conference by attaching a FLASH strip to the January 20th letter. (See attachment page 170.) Advisory Board members followed up very effectively with telephone calls and letters to President McCain. (See letter from Mrs. Frazier and Dr. Harder pages 173-74.) It was agreed that Ula Dow would be held available if funding could be obtained within the next two months (See Chalmers 1/30 memo page 175.)

Although the state and regional officers had agreed at the January 15th conference to consider favorable the establishment of a training program in Wichita, when they learned of the availability of Ula Dow, they included the KSU project in the state MDTA Plan for 1970. (See 3/5/70 memo and March 20th letter from Mr. Carey pages 176-77.)

The HSDTP will continue at Ula Dow Training Center until October 1971. The program will be duplicated in Wichita beginning October 1970. Federal funds will be provided to extend the project beyond its termination date of May 31 until October 1 when the state funding will begin. Both the KSU and Wichita programs beginning October 1, 1970, will be designed to follow the curriculum, style of training and objectives of the experimental and demonstration project.

The KSU project plans to hold 8 training sessions and to train approximately 64 women, to hold 5 Refresher Courses, one Supervisors Workshop, and at least two Advisory Board meetings in the year beginning October 1, 1970.

During the four-month extension, the KSU project will hold 3 training sessions and 1 supervisors workshop. Also plans are being made for holding a 4-state regional workshop on Homemaker Service to generate interest in and to discuss methods for establishing homemaker services and training in this 4-state region.

CONCLUSIONS AND RECOMMENDATIONS

In accordance with its purpose and objectives, Homemaker Service Demonstration Training Project demonstrated and learned that:

1. Although the training was primarily designed for women age 45 to 60, both younger and older women were interested in this opportunity to improve their education and upgrade their status.

   The original contract was modified to include these women and thereby enlarge the opportunity for training of mature women and relieve the recruitment problem.

2. Recruitment did not suffer because trainees were required to participate in the total program regardless of previous training. Follow-up evaluations revealed trainees appreciated the opportunity to review. They stated: "it was a refresher course," "I had forgotten," or "I learned a new technique or an easier method."

3. A college campus offers both advantages and disadvantages. Numerous resources are available for HSDTP use, but there are university regulations to be met. Staff members must be oriented to these regulations and to personnel with whom they will be working.

   The thought of coming to Kansas State University for training presented an obstacle for women who were apprehensive about a university setting or who had a family at home. However, once they arrived at the training center these fears vanished and the trainees considered themselves privileged to live on campus and have classes taught by college professors. If they came, they stayed. Personal and continuous contact with interested staff is essential.

4. Continuity in basic staffing is essential for continuity in the training program and involvement of training personnel. Staff members must be oriented to the goals of the training project as well as to subject matter they and guest instructors present.

5. Group living was essential for rapid, extensive training and for learning to live harmoniously with others. Trainees of different races, income, work experiences and education adjusted very well in group situations and learning experiences. Each day was a 24 hour training period.

6. The in-residence feature of the program created problems of recruitment. But it had many positive aspects: (1) It screened from training those whose home situation prevented them from leaving home for an extended period. (2) It permitted 24-hour opportunity to learn about personal care and personality differences. (3) It minimized problems of class attendance and class participation. (4) The relationship between rest, nutrition and performance became observable and real. (5) Management and planning as a way of living was realized in this situation.

7. Non-residence training was made available for a limited number of trainees from the Manhattan area, who could live at home. This revealed various problems: (a) these trainees missed the informal discussions the others had in the evenings, (b) they were more likely to be late to lessons or prone to be distracted by home duties, and (c) they found it more difficult to be wholly committed to the training.

8. The pattern of a four week intensified training program, consisting of two weeks in-resident training followed by a week of field experience and a fourth week in residence at the training center, provided adequate learning experiences necessary to work as a homemaker.

9. Field experience benefited both trainees and agencies providing the experience. It reinforced information learned during training and enabled trainees to gain a better understanding of homemaker/home health aide service. Also the quality of homemaker service provided by agencies improved as a result of planning and supervising field experience.

10. Graduation is a very important phase of the training program. The ceremony, certificates and invited guests all enhance the training program by reinforcing the trainees' feelings of dignity and worth in their new profession.

11. Providing a four week training program and presenting a certificate of completion is not enough to offer women. Supportive services from the training facility must continue after graduation for continued development of trainees' feelings of ststus, dignity, and personal worth. Support in securing jobs and continual job development must follow if graduates are to obtain upgraded employment.

12. Since the program included a state-wide area, rather than just a metropolitan area, and since the University had a parochial identification, it became all the more important to involve community resources at the local and state level in giving information and recruiting.

13. Full cooperation of the University and business community helped eliminate an extended phasing-in period. However, adequate time must be allowed for staff, community, employment office counselors, Advisory Board members and other local, county, and state agency personnel to become oriented to the project.

14. An Advisory Board formed to represent agencies and organizations involved in all aspects of family and community life is essential to develop, promote and support such a training project.

15. Training at HSDTP did qualify women 45-65, for employment even though one third of these women had less than an 8th grade education.

16. Women are interested in serving others and working with people. They want to be considered paraprofessionals. These trainees who had developed self-confidence and favorable attitudes were more receptive to working as homemakers.

17. The job of homemaker frequently is misunderstood by the employers and initially by the trainees. Employers often want trained homemakers, but expect their services at low wages. They also tend to think of homemakers as housekeepers.

    To help homemakers clarify the difference in their roles and not feel any job was beneath their dignity to perform, they were reminded that they were substitute mothers, and mothers are expected to do all sorts of tasks, and they should do likewise. The difference, however, was the homemakers were helping the family in crisis.

18. Although women were interested in training to help them in their personal lives, a vast majority of the trainees were mainly concerned with improved employment opportunities.

19. Some trainees had not had physical and dental checkups recently.

    Trainees should present a medical certificate with their application form for the protection of the trainee as well as assurance their health is good enough for training and employment. If facilities are available, the training center can provide arrangements for checkups at local clinics.

20. A variety of continuous publicity media must be used and personal contacts by staff members must be made to inform the public of the Homemaker Service Demonstration Training Program and develop homemaker service over the state.

21. Trainees who have difficulty in expressing themselves on a questionaire can express themselves very adequately verbally when encouraged to do so, and they can learn to use recording equipment.

22. There is value in having trainees complete daily written evaluations of lessons. These give trainees an opportunity to express their feelings and/or summarize the day's events.

23. Limited funds, lack of staff and misunderstanding concerning the values of homemaker service are reasons given by agencies for not creating homemaker positions or filling existing positions.

24. Since trainees had to make arrangements for care of children and family members and to consider their personal problems of being away from home for one month, they either did not apply for the training or cancelled out before the session started. Only 3 of the 115 women who started sessions dropped out. Two of these were non-resident trainees. The drop out rate would have been higher if trainees had returned to their homes every night.

25. Racial differences presented no problems, even though many trainees found living and working together a new interracial experience. Thirteen of the sixteen sessions were interracial.

Miscellaneous conclusions:

- Development of professionalism was aided by staff members addressing each other and trainees formally as "Miss" or "Mrs."

- Informal counseling was very successful in this project. No hours were specifically designated for counseling. Rather, trainees were always welcome and encouraged to discuss problems and concerns with staff members on a one-to-one basis, in small groups or as a total group depending on the need.

- Because they were living and working together, trainees could solve many problems through informal group discussion. Every individual was treated equally with dignity and respect.

- A DOT definition of homemaker service which includes teaching household skills, assistance in performance household skills, management of the home and administration of personal care needs to be written.

- Homemaker service should be available through agencies to all Kansas families, with payment for service to be based on a sliding fee scale.

- Inclusion of a Job Developer on the training staff is important for the employment and follow-up of graduates and development of this new service.

- Cooperation with state health and welfare agencies is vital to the development of a state-wide service.

- The State Employment Service, with its appreciation for the value of training and assistance in follow up, played a critical role in the success of HSDTP.

SUMMARY

The twenty-six months of the Homemaker Service Demonstration Training Program were full of rewarding experiences for staff, trainees and volunteers involved in the project. Since this was a new project, it began with a total lack of community understanding concerning the objectives and purposes of the training program. Community organizations and agencies, as well as Advisory Board members, were of great value in developing community understanding of the training program and in developing homemaker service throughout the state. There remain many pockets of ignorance and misunderstanding.

Counseling which was flexible and conducted on both an individual and group basis informally and spontaneously met the usual needs of the trainees. To have counselors or staff members available throughout the day to meet problems when they occurred was considered preferable to allotting specific times each week for counseling.

It was demonstrated that women were interested in taking advantage of a training program that could help them develop personal qualities, understandings and necessary skills to work as homemakers. Training also helped trainees develop the feeling of self-worth and a sense of pride and dignity in the services they could render to families. The fact that the training was offered on a university campus gave the trainees a feeling of pride. So many of them commented, "I never thought I'd ever get to go to college," "My family is so proud of me," "I never even got to finish 8th grade, but now I'm learning from college professors!" Instructors involved in the program became very interested in the trainees as individuals and enjoyed teaching them basic subject ma er.

Graduation, certificates and public recognition were important to trainees. The training must be geared to meet individual needs of the trainees within a group situation. Informal learning situations and good rapport between staff and trainees were essential for a retraining program to develop acceptable performance and attitudes of trainees.

The dynamics of group living experiences were a motivating force in changing attitudes, general appearances and increased acceptance of new ideas. For maximum benefits the training center should offer health and social services as well as education.

The format of training developed by HSDTP proved highly successful for Kansas. This style of training could be adapted to many situations. This training was judged to be suitable for training not only homemakers but also home health aides. In addition to increasing job opportunities for graduates, this dual training supplied prospective employees for a wider range of agencies.

The experiences of graduates of the training program indicate the necessity for continued supportive services from the training agency after graduation. Although training and the certificate were helpful in finding employment these were not adequate for most graduates. They needed continued follow-up supportive services from an agency to act as a liaison with employers to define the job of a homemaker, wages and working conditions, and to upgrade the profession. Satisfactory employment opportunities must follow training for an overall successful program.

Social welfare and health service agencies grew in their recognition of the values of homemaker service. There remain obstacles to adding homemakers to staffs as a result of misunderstanding and failure to recognize the favorable benefits of cost ratio this service provides. Employment offices need to become more familiar with the job description of a homemaker and explain it to employers and potential trainees. Unfortunately, many do not distinguish homemaker/home health aides from other household or domestic workers. One approach to this problem would be to clarify the job description of homemaker in DOT.

Continual public relations is necessary by all staff members to develop and promote new training and career opportunities for women age 45 and above. Citizens and organizations on local, state and national levels can become aware of local demands for homemaker service and the values of trained employees, and develop a consciousness of their responsibility to meet these demands when they visit the training center or take time to become informed about the program.

All methods of publicity media have value, but personal contact by staff or trainees has been most successful in recruiting trainees.

As the Homemaker Training Program neared the end of Phase I, it seemed to start "catching on" throughout the state. Individuals and agencies were finally becoming informed of the project and homemaker refresher courses for graduates of Phase I, and homemaker supervisors workshop, as well as additional training sessions, were included during Phase II in continued efforts to meet the objectives and purposes of the Homemaker Training Program.

The original plan for a five-year project to initiate homemaker/home health aide service seems justified; after two years the momentum for successful launching has begun.

TABLES

Homemaker Service Demonstration Training Project

Table 1. ADMINISTRATION: PROJECT STAFFING

Staff resignations and job title		Reasons for leaving	Staff appointments and job title		Source of recruitment
Name	Job title		Name	Job title	
Mrs. Becky Cox	Graduate Teaching Assistant - 8/68	Temporary appointment	Dr. Richard L. D. Morse	Project Director - 3/15/68	Dr. Richard L. D. Morse
Mrs. Judy McKendrick	Teaching Assistant - 7/68	Assumed college teaching responsibilities	Mrs. Muriel Zimmerman	Program Coordinator - 3/15/68	Family Econ. Dept. KSU
Mrs. Vonda Mansfield	Clerk Typist II - 9/19/68	Maternity	Mrs. Donna Kennedy	Graduate Assistant - 3/15/68	Family Econ. Dept. KSU
Mrs. Paula Cornett	Clerk Typist II - 6/18/69	Husband's employment	Mrs. Vonda Mansfield	Clerk Typist II - 3/15/68	Personnel Office KSU
Mrs. Becky Cox	Graduate Teaching Assistant - 8/69	Temporary appointment	Mrs. Judy McKendrick	Teaching Assistant	Family Econ. Dept. KSU
Mrs. Patricia Simon	Clerk Typist II - 12/31/69	Resigned	Mrs. Becky Cox	Graduate Teaching Assistant - 8/68	Family Econ. Dept. KSU
Mrs. Gail Assink	Teaching Assistant - 5/15/70	Temporary appointment	Mrs. Sharon Scoggin	Teaching Assistant - 10/1/68	Family Econ. Dept. KSU
Mrs. Muriel Zimmerman	Program Coordinator - 5/30/70	Husband's employment	Mrs. Paula Cornett	Clerk Typist II - 9/19/68	Personnel Office KSU
Mrs. Donna Kennedy	Teaching Coordinator - 5/30/70	Obtained other employment	Mrs. Donna Kennedy	Teaching Coordinator - 6/1/69	
Mrs. Linda Hanan	Clerk Typist II - 5/30/70	Husband's employment	Mrs. Sharon Scoggin	Job Developer - 6/1/69	

Table 1. continued

Staff resignations and job title		Reasons for leaving	Staff appointments and job title		Source of recruitment
Name	Job title		Name	Job title	
			Mrs. Patrica Simon	Clerk Typist II - 6/18/69	Personnel Office KSU
			Mrs. Becky Cox	Graduate Teaching Assistant - 7/1/69	
			Mrs. Mary Jo Harbour	Graduate Research Assistant - 8/1/69	Family Econ. Dept. KSU
			Mrs. Gail Assink	Teaching Assistant - 9/15/69	Family Econ. Dept. KSU
			Mrs. Linda Hanan	Clerk Typist II - 1/16/70	Personnel Office KSU
			Mrs. Paula Duston	Teaching Coordinator - 5/18/70	Family Econ. Dept. KSU
			Miss Jane Hicks	Clerk Typist II - 5/18/70	Personnel Office KSU
			Mrs. Mary Jo Harbour	Program Coordinator - 5/18/70	

Homemaker Service Demonstration Training Project

Table 1A. ADMINISTRATION: PROJECT STAFFING

Name	Job title
Dr. Richard L. D. Morse	Project Director
Mrs. Muriel Zimmerman	Program Coordinator
Mrs. Donna Kennedy	Teaching Coordinator
Mrs. Sharon Scoggin	Job Developer
Mrs. Gail Assink	Teaching Assistant
Mrs. Mary Jo Harbour	Graduate Research Assistant
Mrs. Linda Hanan	Clerk Typist II

Table 2. RECRUITMENT: TRAINEE INTAKE

Total no. of appl.	Total no. sel.	Reasons for selection by project	No. rejected by project	Reasons for rejection by project	No. who refused enrollment	Trainees reasons for refusal
168	145	Training for employ. as homemaker or home health aides. As a result they would be better trained, receive higher salaries, better employment opportunities Recommended by employers, social welfare offices or social service agencies (incl. Vocational Rehab.) Women unable to find employment without training because of age and limited education but have attitudes, interest and ability to be gainfully employed as homemakers	24*	9-class filled* 5-emotionally unstable 4-mentally retarded 2-age-too young or too old 2-not interested in working as homemakers 1-health 1-Employment Office wouldn't recommend	30	6-Employment Office didn't notify them of acceptance in training 5-health 3-didn't qualify for training allowances 3-family committments 3-found other employment 2-child care problems 2-lacked self-confidence 2-couldn't be located by Employment Office 1-misunderstood program 1-pregnancy 1-difficulty proving eligibility for MDTA allowances 1-took other training

* One enrolled in next session (6 are enrolled in June 1970 session).

Homemaker Service Demonstration Training Project

Table 3. RECRUITMENT: APPLICANT RESPONSES TO RECRUITMENT TECHNIQUES

Recruitment techniques	Total number of inquiries responding by *			Number of applicants actually enrolled
	telephone	letters	visits	
1. Newspaper help wanted	.	1	.	2
2. Public service, radio advertising	.	16	.	6
3. Public service, TV announcement	.	.	.	.
4. Churches	.	2	.	1
5. Public welfare	1	10	.	13
6. Employment service	4	18	1	27
7. Vocational Rehabilitation	.	.	.	1
8. Referral from trainees	4	37	4	18
9. Referral from employers of trainees	3	5	.	26
10. Feature articles, newspapers	2	33	.	18
11. Feature articles, magazines	.	4	.	2
12. Community action agency	1	.	.	2
13. Housing projects	3	4	.	4

Table 3. continued

Recruitment techniques	Total number of inquiries responding by *			Number of applicants actually enrolled
	telephone	letters	visits	
14. Staff radio and TV appearances	1	19	.	12
15. Staff lectures to groups	.	5	.	4
16. Others: Guidance center	1	1	.	.
17. Resource person	.	4	.	.
18. Advisory Board member	.	5	.	19
19. Extension Home Economist	2	5	1	4
20. Public Health Nurse	1	9	.	3
21. Home economics professor	1	1	1	1
22. Another inquirer	1	1	.	.
23. Staff	2	1	1	3
24. Unknown	1	9	.	1
25. Senior Activity Center	1	.	.	.
26. Kansas State University Student	.	1	.	1
Total	29	191	8	168

* Since applicants enroll through local employment service offices they do not always inquire before making application.

Homemaker Service Demonstration Training Project

Table 4. PROFILE OF TRAINEE: NUMBER AND AGE OF DEPENDENTS

No. of trainees with the following no. of dependents								Age of dependents					
0	1	2	3	4	5	6+	Total	0 to 2	3 to 5	6 to 12	13 to 17	18 to 21	22 and over
71	15	12	7	7	1	2	112	10	15	39	36	12	0

Table 4A. PROFILE OF TRAINEE: ARRANGEMENTS FOR CARE OF DEPENDENTS

Relatives		Neighbors		Baby-sitter	Average cost/day	Nursery school	Day care	Average cost/day	No provision	Other
No.	Average cost/day	No.	Average cost/day							
23	$2.20	1	0	14	$5.30	2	1	$3.75	.	.

Homemaker Service Demonstration Training Project

Table 5. PROFILE OF TRAINEE: EDUCATIONAL LEVEL

All trainees	Highest grade completed					Reasons for leaving school						
	1 to 4	5 to 8	9 to 11	12	Some college	Illness	Pregnancy	Marriage	Finances	Lack of interest	Family responsibility	Other
115	.	18	29	54	14	3	2	8	18	1	14	1

Total no. of trainees enrolled in basic education	No. of trainees with other training					
	Business	Cosmetology	Practical nursing	Nurse's aide	Other MDTA	Other
4	6	4	1	6	.	9

Homemaker Service Demonstration Training Project

Table 6. PROFILE OF TRAINEE: AGE, MARITAL STATUS, RACE, SEX, HEAD OF HOUSEHOLD

Total No.	No. of trainees by age group				Marital status*					Race			Sex		Heads of household
	18 to 30	31 to 40	41 to 50	51 and over	S	M	W	Sep	D	W	N	Other**	F	M	
115	12	9	21	73	7	54	31	9	14	80	32	3	115	0	63

* S = Single; M = Married; W = Widowed; Sep = Separted; D = Divorced.
** Mexican - American.

Homemaker Service Demonstration Training Project

Table 7. PROFILE OF TRAINEE: COMMUNITY ACTIVITIES

Community Activities	No. of trainees per class
	Total
Churches	66
Clubs	31
Fraternal organizations	0
Civic activities	7
PTA	13
Scouts, 4-H	13
Sports, recreation	6
None	33

Homemaker Service Demonstration Training Project

Table 8. PROFILE OF TRAINEE: EMPLOYMENT BACKGROUND

Employment	Never employed	No. of trainees who have worked for the following hourly wages: Less than $1.00	$1.00	$1.25	$1.50	$2.00	over $2.00
Part-time *							
A. 1 employer	2	1	2	5	7	1	1
B. More than 1 employer	0	1	0	2	0	0	0
Full-time **							
A. 1 employer	0	12	15	19	31	3	5
B. More than 1 employer	0	0	0	0	2	0	0
Live-in per month	1 - $60.00 + Room and Board 1 - $200.00 + Room and Board 1 - $240.00 + Room and Board			1 - $280.00 + Room and Board 1 - $140.00 + Room and Board 1 - $100.00 + Social Security and Room and Board			

* Works less than a full week.
** Works a full week.

Table 8. continued

Job experience							
Household employee	Babysitter	Food service	Factory	Laundry and dry cleaning	Nursing Homes hospitals	Institutional cleaning	Other
47	30	45	15	7	42	6	40-clerical 15-cashier 2-housemother 3-cosmetologist 6-teacher 5-telephone operator 17-sales clerk 1-masseuse 1-medical assistant 2-nursery school 1-teaches conversational English 1-CAP area coordinator

Homemaker Service Demonstration Training Project

Table 9. PROFILE OF TRAINEE: TRANSPORTATION USED BY TRAINEES

Transportation	Commuted		In-resident	
	No. of trainees	Average round trip cost per day	No. of trainees	Average round trip cost per week
Auto	8	$1.20	75	$7.80*
Bus	1	$ .30	23	
Train			1	
Walk	1			
Taxi			6	

* This is an average figure for all in-resident transportation. Bus fare rates were paid in all cases.

Table 10. PROFILE OF TRAINEE: AUTOMOBILE OWNERSHIP AND DRIVER'S LICENSES

Total no. of trainees	No. of trainees with automobiles	No. of trainees with driver's licenses
115	89	91

Table 11. PROFILE OF TRAINEE: COMMON HEALTH PROBLEMS OF TRAINEES AT START AND COMPLETION OF TRAINING PERIOD

Age group	Common health problems of trainees*											
	Minor Arthritis		Diabetes		Obesity		Alcoholism		Mental disorders		Other**	
	diagnosed	treated	diagnosed	treated	diagnosed	with weight loss	diagnosed	treated	diagnosed	treated	diagnosed	treated
18 - 30 years	2	.	.	.	5	.	1	.	.	.	.	.
31 - 40 years	1	.	.	.	5	.	.	.	.	.	.	.
41 - 50 years	.	.	.	.	6	.	1	.	.	.	1	.
51 - 60 years	11	.	2	.	18	.	1	.	.	.	3	.
61 and over	2	.	.	.	.	.	.	.	.	.	.	.

* There were no health problems in the other areas; therefore these columns were omitted.

** Other
1-no teeth
1-spinal fusion
1-strokes, open heart surgery
1-bronchial

Table 12. PROFILE OF TRAINEE: FINANCIAL BACKGROUND OF TRAINEES

All trainees	Annual income of trainees											
	No income		Under $1000		$1000-1999		$2000-2999		$3000-3999		Over $4000	
	1968	1969*	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969
115	18	2	30	17	26	14	30	16	9	5	2	1

* Income figures for 1969 for Phase I graduates were not available.

All trainees	Main source of trainees income					
	Household work	Workmen's compensation	Social Security	Husband	Welfare	Other*
115	19		8	25	13	50

* Other = Income from jobs non-related to household work.

Table 13. PROFILE OF TRAINEE: HEALTH INSURANCE

No. of trainees with health insurance					No. of trainees with clinic cards			
Hospitalization	Surgical	Regular medical	Major medical	Other	Medicare	Medicaid	Other	No coverage
63*	2	54*	1	18	5	13	.	18

* One trainee had army retirement medical beneftis.

Table 14. TRAINING: EVALUATION OF SKILL LEVEL OF TRAINEES BY INSTRUCTOR*

Skills	Before training				Upon graduation			
	E**	G	A	I	E	G	A	I
I. Household skills								
Cleaning	0	21	31	1	3	41	9	0
Care of tools and equipment	5	23	23	2	8	35	9	1
Thoroughness in cleaning								
Laundry	0	19	32	0	3	41	9	0
Proper use of equipment	1	22	28	2	6	42	5	0
Care of equipment								
Foods	1	7	43	2	5	37	10	1
Menu planning	0	13	35	3	5	35	9	2
Marketing	1	28	23	1	4	40	8	1
Preparation								
Work habits	4	24	25	0	6	40	7	0
Cleanliness, safety	2	13	36	2	6	35	10	2
Time organization	2	13	36	2	6	35	10	2
Task organization	7	32	14	0	13	34	5	1
Carries out directions								
Works effectively under supervision	9	35	6	3	15	30	6	2
Cooperation	22	26	3	2	25	24	1	3
II. Personal Development								
Appearance	9	33	11	0	11	33	9	0
Self-confidence	2	12	25	14	5	27	18	3

Table 14. continued

Skills	Before training				Upon graduation			
	E*	G	A	I	E	G	A	I
Attitude toward training-ing program	10	30	10	3	37	13	0	3
Attitude toward working as a homemaker	18	29	5	1	33	16	1	3
Relate to people	9	23	18	3	9	32	12	0
III. Professional Development								
Punctual and reliable	11	37	2	3	14	35	3	1
Sense of responsibility	16	31	4	2	22	26	2	3
Exercises initiative and judgement on performance of duties	4	28	10	1	9	29	13	1
Thoroughness	7	29	14	3	8	34	9	2
Ability to work under stress and strain	5	20	23	5	7	20	22	4
IV. Communication Skills								
Ability to express self	5	32	13	3	5	35	12	1
Ability to relate instructions	5	31	14	3	7	33	12	1
V. Academic Skills								
Reading and comprehension	7	36	9	1	7	36	9	1

* Evaluation of training skill level during Phase I was in areas rather than rating specific skills.
** E = Excellent; G = Good; A = Adequate; I = Inadequate.

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Table 15. TRAINING: EVALUATION OF TRAINING MATERIALS

Training materials	Effectiveness in trainee judgment				Effectiveness in staff judgment			
	E*	G	A	I	E	G	A	I
I. Films, Film Strips, Slides								
Personal Care To Others								
Wonderful World of Food	x					x		
Image in the Mirror	x				x			
Target: Babies and Children	x					x		
More Than Love	x				x			
Medical Self-Help Kit		x				x		
Breath of Life	x				x			
Aged								
Ready for Edna	x				x			
Adventure in Maturity	x					x		
Second Chance	x				x			
Proud Years	x				x			
Safety								
A Matter of Seconds	x				x			
Poisons in the Home	x					x		
When Sally Fell	x				x			
Accidents Just Don't Happen	x				x			
Family Life								
Who Cares About Jamie	x				x			
Stress: Parents With a Handicapped Child	x				x			
Walk With Me	x				x			
Professional Development								
Anybody's Crises	x					x		
Home Again	x					x		
Homefires	x					x		
Comparative Shopping								
Be A Better Shopper	x					x		

Table 15. continued

Training materials	Effectiveness in trainee judgment				Effectiveness in staff judgment			
	E*	G	A	I	E	G	A	I
Food For Families								
Food Value Stretchers		x					x	
II. Pamphlets and Leaflets								
Homemaking Skills								
Housekeeping Pamphlets KSU Cooperative Extension	x				x			
Housecleaning Teaching Materials for Low-Income Families	x				x			
Housecleaning Handbook for Young Homemakers	x				x			
Care of Metals and Kitchenwares	x				x			
Sanitation in Home Laundry	x				x			
Laundry Pamphlets, KSU Cooperative Extension	x				x			
How Time Flies		x					x	
Removing Stains From Fabrics	x				x			
Home Laundering: The Equipment and Job	x				x			
Ironing a Shirt the Easy Way	x				x			
Machine Stitched Patch	x				x			
Machine Darning	x				x			
Overall Patch	x				x			
Clothing Repairs	x				x			
Cleaning and Adjusting Your Sewing Machine	x				x			
Simplified Clothing Construction	x				x			
Using Today's Fabrics	x				x			
Do You Know How To Read a Hangtag?	x				x			
Food For Families								
A Daily Food Guide	x				x			
Daily Food Guide	x				x			
Food for the Family With Young Children	x				x			
Food for Families With School Children	x				x			

Table 15. continued

Training materials	Effectiveness in trainee judgment				Effectiveness in staff judgment			
	E*	G	A	I	E	G	A	I
Food Guide for Older Folks	x				x			
Nutritive Value of Foods	x				x			
Food and Nutrition Pamphlets, KSU Cooperative Extension	x				x			
Betty Crocker's "How-To" booklet series		x				x		
"Budget Gadget"	x					x		
Family Life								
Family Life Pamphlets, KSU Cooperative Extension	x				x			
When a Family Faces Stress	x				x			
Infant Care		x				x		
Your Child From 1 to 6		x				x		
Democracy Begins in the Home	x				x			
A Healthy Personality for Your Child	x				x			
Helping Your Child to Understand Death	x				x			
Child Development Pamphlets Ross Laboratories		x				x		
Child Development Pamphlets KSU Cooperative Extension	x				x			
Your Child's Emotional Health	x				x			
How to Discipline Your Children	x				x			
Understand Your Child From 6 to 12	x				x			
The Adolescent in Your Family		x				x		
Pamphlets on Teenagers, KSU Cooperative Extension	x				x			
Parent-Teenager Communication	x				x			
When You Grow Older	x				x			
When You Lose A Loved One	x				x			
When A Family Faces Cancer	x				x			
How To Live With Heart Trouble	x				x			
How To Prevent Suicide	x				x			
New Hope For the Retarded Child	x				x			
How To Help Your Handicapped Child		x				x		
How Retarded Children Can Be Helped	x				x			

Table 15. continued

Training materials	Effectiveness in trainee judgment				Effectiveness in staff judgment			
	E*	G	A	I	E	G	A	I
Mental Health is a Family Affair	x				x			
Tensions and How to Master Them	x				x			
The Mentally Retarded Child At Home			x			x		
How To Deal With Mental Problems	x				x			
Alcoholism-A Sickness That Can Be Beaten	x				x			
The Bare Facts of Life About Alcoholism		x			x			
Thinking About Drinking		x					x	
"The Phases of Alcohol Addiction in Males"		x				x		
Personal Care								
Personal Memo for Today			x				x	
Your Family Health Record			x				x	
Keep Your Feet Working Around the Clock		x				x		
The ABC's of Perfect Posture		x				x		
Do It Yourself Again	x				x			
Strike Back at Stroke	x				x			
Up and Around	x				x			
Safety Pamphlets, Kansas Farm Bureau	x				x			
Professional Development								
Homemaker Services...For Families and Individuals	x				x			
Homemaker Service in Public Welfare		x				x		
Your Social Security		x				x		
III. Books								
Homemaking Skills								
The Maytag Encyclopedia of Home Laundry			x			x		

Table 15. continued

Training materials	Effectiveness in trainee judgment				Effectiveness in staff judgment			
	E*	G	A	I	E	G	A	I
Family Life								
Between Parent and Child	x				x			
Problems of the Aged	x				x			
Consumer's All. The Yearbook of Agriculture			x				x	
The Consumer's Guide to Better Buying		x				x		
Personal Care To Others								
American Red Cross Home Nursing Textbook	x				x			
American Red Cross Home Nursing Programmed Instruction Student's Manual	x				x			
American Red Cross First Aid	x				x			
In Case of Emergency		x			x			

* E = Excellent
G = Good
A = Average
I = Inadequate

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Table 16. TRAINING: TRAINEE ATTENDANCE

Total enrollment per training class	No. of trainees with perfect attendance	No. of trainees by days missed and reasons given																	
		1 - 5 days Reasons *						6 - 10 days Reasons *						10 days and over Reason *					
		0	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5
115	101	.	6	.	.	1	5(a)(b)(c)	.	.	.	.	.	1(d)	.	.	.	.	.	.(e)

* Reasons:

0 = No reason
1 = Illness
2 = Child care problems
3 = Death in family
4 = Personal business
5 = Other (a) Take sick trainee home.
(b) Did not apply until Monday a.m.
(c) Started training late, had part-time job, dropped out
(d) Started training late, had to arrange care for children, dropped out
(e) Dropped out of training after two weeks.

Table 17. TRAINING: FIELD EXPERIENCE FOR TRAINEES AND SUPERVISORS

Type of field work experience	Reasons for selection *	Who supervises work experience
With agencies offering homemaker/home health aide service	1. Provides opportunities for varied work tasks. 2. Provides opportunity to observe the duties of a homemaker. 3. Reveals the operational procedures of an organization. 4. Provides an opportunity for understanding the cooperation between the homemaker, supervisors, social workers, or public health nurse. 5. Permits the trainee to use information presented in the classroom.	
1. County Social Welfare Departments		Social Welfare Director Homemaker Supervisor Executive Officer
2. County Public Health Office		Homemaker Supervisor Registered Nurse
3. Volunteer Agency		Homemaker Supervisor Registered Nurse
4. Training Center		Home Economist

* All reasons apply to all agencies selected.

Table 17. continued

Date of work experience	Hours spent by trainees in work experience	Training time for field supervisors	
		Type of training	Total hours
Third week of each class	40 hours	Personal conferences	1 hour
		Supervisors Workshop	9 hours
		Telephone conversations before each placement	30 minutes

Homemaker Service Demonstration Training Project

Table 18. TRAINEE-GRADUATE'S EXPECTATIONS OF TRAINING PROGRAM

Expectations of training program	All		
	No. of trainees		
	VS*	S	NS
Improve known skills	27	9	
Learn new skills	73	30	
Self-improvement, including dignity and respect	17	11	
Better-paying job	14	6	2
Steady employment	14	4	1
Home nursing skills	1		
Gain skill to get part time employment	3	2	
Help family	1		
Help others	8		
Improve self-motivation	1		
Support myself	1		
Understanding of people	56	10	1
How to handle my job	1		
Became familiar with Homemaker Service	51	15	
Keep interest in life	1		
Improve self-confidence	3		
Something to do when children are gone	1		

Table 18. continued

Expectations of training program	All		
	No. of trainees		
	VS*	S	NS
Receive formal education	2		
Security	1		
Something to do	1		

* VS = Very Satisfied; S = Satisfied; NS = Not Satisfied.

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Table 19. TRAINING: DROUPOUTS AND REASONS FOR LEAVING TRAINING

Reasons for leaving	All
Felt forced to take training (dropped out after two weeks)	1

Table 20. EMPLOYER RESPONSE TO JOB DEVELOPMENT TECHNIQUES

Techniques	No. of responses from potential employers	No. of employers hiring graduates
Individual Employers	137	46
Feature articles, newspaper	21	4
Newspaper articles	22	5
Journal and magazine articles	2	1
Radio	9	0
T.V.	1	0
Telephone	18	11
Faculty and staff	14	7
Public Health nurse	4	2
Social Welfare	5	3
Employment office	14	6
Graduate ads	1	0
Employer referral	2	1
Jewish Family and Community Service	2	0
Home economist	1	0

Table 20. continued

Techniques	No. of responses from potential employers	No. of employers hiring graduates
Hospital	2	0
Friends	10	1
Red Cross	2	0
Graduate referrals	6	5
Public service announcements	1	0
	38	32
Agency Employers		
Staff	21	18
Advisory Board	16	13
Community Action	1	1
	175	78
All		

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Table 21. PLACEMENT: EMPLOYMENT OF GRADUATES AND PLACE OF EMPLOYMENT

Graduates			Employment	
Graduates unemployed	Graduates unknown	Graduates employed	Place of employment	No. of graduates
19	2	91	Housing Project	4
			Model Cities	4
			Public Health	18
			Social Welfare	10*
			Volunteer	9
			Private resident as a homemaker	20
			Hospital	2
			Nursing Home	5
			Kansas Neurological Institute	1
			Children's Home	1
			Head Start	1
			Teaching	2
			College dormitory	1
			Kansas Extension Council	1
			Travel agency	1
			Electronics outlet	1
			Hotel	1
			Restuarant	2
			Department store	1
			Florist	1

Table 21. continued

Graduates			Employment	
Graduates unemployed	Graduates unknown	Graduates employed	Place of employment	No. of graduates
			Seed store	1
			Own business	2
			Private resident as a housekeeper	2

* Two are employed on referral through client's grant.

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Table 21A. PLACEMENT: WAGES, EMPLOYMENT STATUS, BENEFITS

Hourly wages					
Less than $1.60	$1.60-1.99	$2.00-2.49	$2.50-3.00	More than $3.00	Live-in
21	36	24	3	1	$ 6/day $ 25/week $125/month $160/month $200/month $300/month

Table 21A. continued

Benefits	Employment Status				
	Full[1] time	Full[2] time	Part[3] time	Part[4] time	Live-in
Social Security	68	.	11	5	6
Paid vacation	47	.	3	1	3
Paid sick leave	44	.	2	.	2
Paid transportation	37	.	17	5	8
Paid holidays	30	.	.	.	1
Compensatory time for over 8 hours duty	33	.	2	.	.
Overtime	5	.	1	.	.
Workmen's Compensation	17	.	.	.	.
Blue Cross-Blue Shield	18	.	.	.	.
Liability insurance	10	.	1	.	.
Group life insurance	14	.	1	.	.
Retirement	26	.	.	.	.
Credit Union	16	.	.	.	.
Uniforms	20	.	1	.	.
Board and Room	.	.	.	.	17
Birthdays off	6	.	1	.	.
Sick leave for child sickness	2	.	.	.	.
Time off for Dr. appointment	2	.	.	.	.

1 - Works a full week for one employer.
2 - Works a full week for more than one employer.
3 - Works less than a full week for one employer.
4 - Works less than a full week for more than one employer.

Table 22. PLACEMENT: GRADUATE AND EMPLOYER RESTRICTIONS (PROSPECTIVE OR ACTUAL EMPLOYERS)

Restrictions set by graduates	No. of graduates	Restrictions set by employers	No. of employers
Geographic		Salary	136
Hometown area	80		
Small town	1	Live-in only	47
Work tasks		Live-out only	84
No heavy cleaning	37		
No washing walls	1	Must Drive	5
Hours		Must have a car	16
No nights	26		
No weekends	13	Work nights	2
Accepts live-in	10	Must have HSDTP training	20
Refuses live-in	102	Prefer HSDTP training	23
Other		Child care	46
Prefer older people	5		
Part-time work only	5	Personal care of ill and elderly	42
Don't want to drive car	1		
Prefer children	1	Meal preparation	33
No retarded people	1		
Prefer retarded people	1	Teaching skills	20
Nine months of year only	1		
Only homemaker/home health aide work	1	Home care	29
Prefer institutional work	1		
No large families	1		

Table 22A. PLACEMENT: GRADUATES WHO LEFT FIRST JOB AFTER GRADUATION

Reasons for leaving	No. of graduates
	All
Illness	1
Child care problems	1
Social Security, eligibility	2
Irregular work hours	2
Moved out of town	1
Salary and benefits too low	8
Employer released	2
Employer no longer required service	19
Accepted homemaker/home health aide position	2
Family problems	3
Personal problems	4

Supplement to Table 22. JOB CHARACTERISTICS OF AGENCIES

Employer	Homemaker training	Salary and trans.	Skills	Education and/or experience
Volunteer agencies				
Family and Children's Services Kansas City, Kansas	*	$260/mo. and trans.	Care of children when mother is ill. Work with handicapped, chronically ill. Makes beds, dusts, washes dishes, plans menus and prepares light meals, marketing, light laundry.	None specifically required
Family and Children's Services Kansas City, Mo.	*** Prefer HTP trainees	$1.60		
Family Service and Guidance Center, Topeka, Kansas	no	$210/mo.		
Catholic Family and Community Services, Kansas City, Mo.	*** *****	$1.40-1.60		
Catholic Family and Community Services, St. Joseph, Mo.	*** *****	$1.40-1.60		
Jewish Family and Children's Services, Kansas City, Mo.	** * Prefer HTP trainees	$1.60/hr. & trans.		
Visiting Nurses Association of Kansas City, Kansas City, Mo.	*	$1.60	Personal care for children in the home. Personal care of patients.	High school graduate preferred
Visiting Nurses Association of Lawrence, Lawrence, Kansas	***** yes, must have HTP training	$300/mo. &		

Supplement to Table 22. continued

Employer	Homemaker training	Salary and trans.	Skills	Education and/or experience
County Health Departments				
Harper County Health Department Anthony, Kansas	Recommend HTP	$220/mo. 9¢/mile	Personal care of ill persons, substitute mother, teaches budgeting, housekeeping, comparative shopping, light housework, meets emotional needs.	Graduated from high school or several years of experience
Ellis County Health Department Hays, Kansas	**	$280/mo. & trans.		
Kingman County Health Department Kingman, Kansas	*****	$1.50/hr. & trans.		
Lyon County Health Department Emporia, Kansas	Recommend HTP	$230/mo. 10¢/mile		
Topeka-Shawnee County Health Dept. Topeka, Kansas	**** In service training	$280/mo. & trans.		
Wichita-Sedgwick County Department of Community Health, Wichita, Kansas	***** yes, must have HTP training	$1.81 to $2.04/hr. must have car		
County Welfare Departments				
Cloud County Ford County Harvey County Lyon County Marion County McPherson County Ottawa County Shawnee County	Recommend HTP	Beginning salary homemakers $321-home health aides $282	Maintains or improves homemaking and child care practices, shops, plans and prepares meals; cares for children, aged, disabled ill persons; assists social workers in assuring the well-being of the family.	High school graduate or may substitute years of experience for years of education

Supplement to Table 22. continued

Employer	Homemaker training	Salary and trans.	Skills	Education and/or experience
Trego County Wyandotte County				
Housing Project				
New Town Housing Topeka, Kansas		$1.75/hr.	They act as coordinators directing the people of the housing project to the services available through the project.	None
Model Cities Wichita, Kansas	***** yes, must have HTP training	$1.81 to $2.04/hr. must have car	Personal care of ill person. Substitute mother. Teach budgeting housekeeping, meal planning, comparative shopping. Light housework. Meets emotional needs.	Graduated from high school. Several years of experience

* Trained homemakers on a coordinated training program in 1967.
** Trained on individual basis.
*** Had their own training program.
**** Training conducted by Mariella Smith, Consultant on Homemaker Services, State Department of Social Welfare.
***** Trained by Homemaker Service Demonstration Training Project, Kansas State University.

Table 23. PLACEMENT: CHARACTERISTICS OF PRIVATE EMPLOYERS OF GRADUATES*

No. of employers by income**			No. of employers by place of employment*		No. of employers with children less than 15 years of age
Low Under $15,000	Medium $15,000-$30,000	High Over $30,000	Apartment	Single family house	
44	15	3	6	56	19

* Includes past and present employers of graduates.
** Estimated income of private employers of Phase I and Phase II graduates.

Homemaker Service Demonstration Training Project

Table 24. TRAINEE-GRADUATE'S EXPECTATIONS OF JOB

Expectations of job	No. of trainees*		
	VS**	S	NS
Better salary	34	56	16
Better benefits	27	58	21
Steady employment	43	37	26
Better working conditions (employer respect and reasonable work assignments)	39	53	14
Personal satisfaction	60	42	4

* Six graduates have not worked or desired work since graduation.
** VS = Very Satisfied; S = Satisfied; NS = Not Satisfied.

Homemaker Service Demonstration Training Project

Table 25. CUMULATIVE DATA FROM BEGINNING OF PHASE I - JUNE 1, 1970

Number contracted	No. enrolled who commenced training	No. of dropouts	No. of graduates	No. of graduates placed by project and working	No. of graduates known to be working elsewhere	Total no. of graduates working to date
108 minimum 124 maximum	115	3	112	39	52	91

* Two trainees started training late and plan to complete training in June. One of these ladies is employed.

Homemaker Service Demonstration Training Project

Table 26. EMPLOYMENT STATUS OF GRADUATES FROM BEGINNING OF PHASE I (1968) TO PRESENT REPORTING PERIOD

No. of graduates placed by project and working	39*	
No. of graduates known to be working elsewhere	52	
Total no. of graduates working		91
No. of graduates unemployed	16	
No. of graduates whose employment status is unknown	2	
Total no. of graduates unemployed or status unknown		18
No. of graduates enrolled in school	2	2
No. of graduates deceased	1	1
TOTAL NUMBER OF GRADUATES		112

*An additional 15 were placed by the project but have changed employment.

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Homemaker Service Demonstration Training Project

Table 27. COMMUNITY CONTRIBUTIONS TO PROJECT

Contributor	Contribution		
	Service	Equipment	Estimated value
Riley County Council of Social Agencies			
Mrs. Orville Burtis	Taught lessons		$25.00
City/County Health			
Mrs. Helen Ott, RN	Taught lessons		
American Red Cross	Films		$15.00
Mr. Henry Bonawitz	Taught lessons		$25.00
Mrs. Judy McKendrick	Taught lessons		$25.00
Kansas Farm Bureau	Films		$10.00
Kansas Power and Light Company			
Mrs. Sandy Sleichter	Taught lessons	Lecture room, equipment, etc. for demonstration	$30.00
Memorial Hospital	Loaned manikin		
Supermarkets	Field trips		
Nursing homes	Field trips		
Federation for Handicapped Children	Field trips		
Child Development Lab	Field trips		

Homemaker Service Demonstration Training Project

Table 28. SUPPORTIVE SERVICES OF FEDERAL, STATE, AND LOCAL AGENCIES RECEIVED

Agency	Service
County Welfare Offices	
Cloud Harvey Lyon Manhattan Marion McPherson Ottawa Shawnee	Provided field experience for trainees
Public Health Offices	
Harper Kingman Lyon Manhattan Riley Sedgwick Shawnee	
Volunteer Agencies	
Family and Children's Services, Kansas City, Ks. Family and Children's Services, Kansas City, Mo. Family Service and Guidance Center, Topeka, Ks. Catholic Family and Community Services, Kansas City, Mo. Jewish Family and Children's Services, Kansas City, Mo. Visiting Nurses Association, Lawrence, Ks.	
U.S. Department of Health, Education, and Welfare	Mrs. Stephanie Stevens, Homemaker Specialist, Administration on Aging, conducted the Supervisors Workshop
State Department of Social Welfare	Taught lessons
Riley County Department of Social Welfare	Taught lessons
North Central Kansas Guidance Center	Taught lessons
Manhattan-Riley County Health Department	Taught lessons Loaned manikin Film

Table 28. continued

Agency	Service
State Board of Health	Films Pamphlets
Cooperative Extension Service, Kansas State University	Film strips Pamphlets Taught lessons
Riley County Extension Council	Taught lessons
Senator James Pearson	Pamphlets
Congressman Chester Mize	Pamphlets

Homemaker Service Demonstration Training Project

Table 29. OTHER PROGRAMS TRAINING HOUSEHOLD SERVICE WORKERS IN COMMUNITY

We are not aware of any other training programs in this area at this time.

APPENDICES

Publicity for Homemaker Training Program

NEWS

Kansas Extension
Homemakers Council

January 1970

Homemaker Training Sessions At KSU

MANHATTAN — The 86 trainees who have graduated from the first 13 sessions of the Homemaker Training Program at Kansas State University have varied in age from 19 to 69. The typical trainee was a high school graduate, over age 45, Caucasian, married, head of household and had no dependents. She was self supporting or supplemented family income and was often unemployed or underemp'oyed.

She enrolled in the training program to become better qualified to work as a homemaker, to learn to work with people and to find employment with better pay. She felt the training helped her develop personally as well as learn new subject matter.

Fifty-two of the graduates are working as homemakers within county welfare offices, as home health aides for public health offices, within private or public agencies providing homemaker service or on their own. Seventeen graduates are working in related areas.

For further information concerning Homemaker Training Program write to Homemaker Training Program. c/o Family Economics Dept., KSU, Manhattan, Kans. 66502.

Riley County Chapter
Manhattan, Kansas

To Chapter Officers, Board of Directors, Service Chairmen and Members of Red Cross:

THE INFORMER
February 1970

HOMEMAKER SERVICE: The Homemaker Service Training Program at KSU is graduating a class of 10 on February 27. Red Cross modified and programmed home nursing courses are taught in this specialized training for homemakers. Red Cross films on food and nutrition, child care and nursing are used, and Mr. Henry Bonawitz, First Aid Instructor, gives demonstrations and training in artificial respiration. The next Homemaker Service class begins March 9 with but 10 accepted for enrollment out of 21 applications because of limitation facilities. Further classes depend upon future funding.

Training Management Specialists Manhattan Mercury
March 13, 1968

Pilot Program To Be Slated

A unique program to train women over 45 as home management specialists is to be inaugurated at Kansas State University this spring with the assistance of federal grants and awards totaling $51,110, Dr. R. L. D. Morse, head of K-State's family economics department, said today.

"We are interested in training individuals who could step into a family situation during an emergency situation of stress — such as the serious illness or death of the mother — and keep that family life as normal as possible.

"This is a service that is desperately needed — whether provided through private or public agencies. And we feel this homemaker management training will provide challenging and rewarding careers for older women whose families are grown and who would be able to get away from their own family situation for a period of time to assist others."

The K-State project is one of several pilot studies in a nationwide program announced today in Washington, D. C. Assistant Secretary of Labor Stanley Ruttenberg told a press conference the $1.5 million national program, arranged through the National Committee on Household Employment, would be carried out in seven cities and train more than 800 workers. Funds will be provided under the Manpower Development Training Act.

Sixty workers will be trained during the coming year under the K-State program. Kansas State University has been allocated $21,950 under Manpower Act funds, plus $19,560 by Health, Education and Welfare and $9,600 for allowances to trainees to enable them to complete their courses.

Kansas State University home economists will provide a month-long training program for six individuals at a time, starting May 15. Each trainee will spend two weeks living in one of K-State's home management houses and then have a week of field training under supervision, before returning to the campus for a final week of review and study.

Morse said the homemaker management trainees would be given fundamentals in such areas as infant care, personal care, working with children, home nursing, accident prevention, understanding the elderly, dealing with death, menu planning, how to buy and money management.

K-State officials became interested in a program of this type when studies conducted in the Manhattan community in recent years pointed up the need of families for special help in times of crisis.

"We believe there is a reservoir of women over 45 in every community who are capable and interested in employment and who could provide this much needed service," Morse said. "We believe that each community can, in effect, create a new 'home town' industry through a program which would hel, families help themselves."

'Homemaker' Trainee Posts Available Now

Applications are being accepted for "homemaker" trainees for K-State's unique program to train women older than 45 for "homemaker service."

The first instructional session begins Monday, May 20, and will last four weeks, Muriel Zimmerman, coordinator of the training program, said. As many as eight persons can be trained at each session. Sixty persons are to be trained this coming year.

Participants will be paid while undergoing training. There will be two weeks of instruction at Ula Dow cottage on the campus, followed by a week of actual experience in the field and another week back at K-State.

The K-State program is experimental in nature to see if older women who no longer have pressing family responsibilities can be trained to serve as "homemakers" where a family emergency occurs, such as the death or serious illness of the mother.

"We are interested in training individuals who could step into a family situation during a time of crisis and keep things as normal as possible," Richard Morse, head of the family economics department said.

"This not only is a service that is desperately needed, but we think this is a program which will provide challenging and rewarding careers for older women whose families are grown and who could be able to get away for a period of time to assist others."

A variety of state and federal agencies have allocated more than $51,000 in support of the pilot study.

Mrs. Zimmerman said the actual training will be in such areas as menu planning, money management, accident prevention, psychology of working with children or the elderly, how to deal with death and home nursing.

Person interested in applying for the training should contact either Mrs. Zimmerman at the Department of Family Economics, or local employment or welfare offices.

Women Needed To Be Homemakers

Women over 45 are now needed for training for a new job opportunity.

With the help of federal funds, Kansas State University is training these women as "homemakers."

A "homemaker" is described as "a person trained in the skills of managing a home, capable of assisting a family or an individual in periods of stress and crises to maintain the home and its activities."

The need for "homemakers" has been established through studies done by graduate students at Kansas State University, and recent grants, with funds and awards totaling $51,110, provide funds for a pilot project for the nation, according to Mrs. Muriel Zimmerman, program coordinator.

"We selected persons who are over 45 because by this time most women have reared their children and their children have left home. The women are looking for something to do. Preference in the program is given to women 45 and over, however, women as young as 35 may be accepted in the program," Mrs. Zimmerman said.

"Homemakers" differ from housekeepers, Mrs. Zimmerman stressed. "The housekeeper is concerned with sweeping, dusting, cleaning and the custodial care of the house. A "homemaker" is concerned with all the aspects of the home, including personal care of family members.

After graduating from this course, Mrs. Zimmerman said, the "homemakers" will be qualified to go to work as "homemakers for the county welfare programs with civil service ratings, to work in retirement villages, and of course, to work on their own."

According to the K-State studies, "there is a need for 40 full time 'homemakers' in Manhattan and Riley County alone."

Training consists of three weeks spent in residence at Kansas State University plus a week of field - training.

The women trainees live in a home management house on the K-State campus. They prepare their own meals in this "family setting," take care of the house; receive instruction through lecture, discussion, demonstration and films; and enjoy the fellowship of living together. During the third week, the trainees actually work in homes where their skills are needed. They return to K-State the fourth week to amplify their field experience and receive additional training.

The course includes reading, demonstrations, and actual performing of learning experiences shared with others. The women receive instruction in infant and child care, personal care, accident prevention, working with children, home nursing, understanding needs of the elderly, dealing with death, meal planning, buying and money management.

The course is given at no cost to any of the participants. Participants are selected from applicants who apply through their local employment office.

The "Homemaker Service Demonstration Project" is designed to provide training for women 45 and over, who, with the benefit of training and certification, will be able to serve in their community by helping those in need. No such formal training now exists. The purpose of the program is to give status and dignity to this service," Mrs. Zimmerman says.

The first training program began May 20. Additional training programs will begin approximately every five weeks. The next training session will begin June 23, Mrs. Zimmerman said.

IN TRAINING PROGRAM — Daisy Atkinson, (right) assistant professor and extension home economist, shows the basic food chart to Mrs. Jo-Ann Eller, Rt. 2 Wamego, (left) and Mrs. Lois Williams, 925 Riley, Manhattan, who are participating in the Homemaker Training Program at Kansas State University. Menu planning is only one phase of the program. The four-week training program includes three weeks of classes on the KSU campus and a week of field experience through an agency that offers homemaker services.

Women enroll in homemaker training session

A Manhattan woman and a Wamego woman are enrolled in the first session of Phase II of the Homemaker Training Program at Kansas State University.

Mrs. Lois Williams, 925 Riley, and Mrs. JoAnn Eller, Wamego, are among 10 women from over the state enrolled in the four-week training program.

The purpose of the program, which is financed by a federal grant, is to train women to step into a home in time of emergency and keep it running smoothly.

Three weeks of the training are taken on the KSU campus and during the fourth week, the women work with agencies offering homemaker services.

Training includes short classes in home nursing, time and energy management, household skills, menu planning and working with persons of all ages.

Manhattan Mercury August 7, 1969

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Florence Bulletin 3-5-70

Completes Training at KSU

MANHATTAN -- Mrs. Dorothy McMillen, Florence, was one of ten women to graduate from Class 15 of the Homemaker Service Demonstration Training Project at Kansas State university, Manhattan, February 27.

The purpose of the program is to train women to assist families in times of need. Three weeks are spent on campus in classes learning about time management, home nursing. nutrition and better methods of performing household tasks. One week is spent in field experience, during which participants have the opportunity to work in a county welfare agency under the supervision of a trained homemaker health aide.

Mrs. McMillen will now be available to help families in need of homemaker services.

Florence Bulletin

March 5, 1970

Homemakers at K-State during refresher class

Eleven "Homemakers" from second Homemaker Refresher course at the Homemaker Service Demonstration Training Project, at the Ula Dow Training Center on the Kansas State University campus. Sessions started Monday and will conclude today.

Nine of the women attending are graduates of the JSU Homemaker Training Program; the other two are employed as homemakers for county welfare offices and had their training prior to development of the KSU Homemaker Training Program, which was started in 1963.

The homemakers are Mrs. Carolyn Powell, Cloud County Social Welfare, Concordia: Mrs. Essie Calloway, Shawnee County Social Welfare, Topeka; Mrs. Ada Bell Helfrich, Lawrence Visiting Nurses Association, Baldwin; Mrs. Louise Newbolt, Topeka - Shawnee County Public Health, Topeka; Mrs. Margretha Landoll, Marysville: Mrs. Clara 1218 Kearney, Manhattan; Mrs. Myrtle Lonnon, Great Bend; Mrs. Laura Bussart, 901 Moro, Manhattan; Mrs. Juanita Herman, Shawnee County Social Welfare, Topeka; and Mrs. Doris Sellers, Trego County Social Welfare, Wakeeney.

Objectives of the refresher Course were to present material in areas in which the trainees requested additional help or expressed special interest.

Manhattan Mercury

Sept. 10, 1969

5 The Junction City Union
Thursday, December 18, 1969

Frances Grimes Takes Field Training in Home Service Project

MANHATTAN — Miss Frances Grimes, 609 West 11th, Junction City, is one of nine trainees currently taking field experience as a part of the Homemaker Service Demonstration Training Project at Kansas State University, Manhattan.

Miss Grimes is spending a week at the Harvey County Social Welfare Department under the supervision of Mrs. Catherine Westerhaus, welfare director. She will accompany homemakers into homes to help families in need of homemaker services, observing how homemaker-home health aides work in a variety of situations.

Miss Grimes will return to the K-State campus following her week of field experience to complete the four-week training program.

The Junction City Union

December 18, 1969

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Mrs. Evea Mayer In County Learning Homemaker Services

A Washington county woman, who is learning to be a household technician, is training in Ottawa county this week.

The woman, Mrs. Evea Mayer, is participating in the Kansas State University Homemaker Service Demonstration Project training program.

Through the training program, financed by federal grant, 60 women are being trained to work as "homemakers". As "homemakers" the women will be certified to work with families in periods of stress and crises to keep the home and its activities as near normal as possible.

Mrs. Mayer is in Ottawa county as a part of her four-week training program. She is working under the supervision of Mrs. Josephine Moen, director of the Ottawa County Social Welfare Department, Mrs. Muriel Zimmerman, project coordinator of the K-State group, and Mrs. Marie Darrow, homemaker for the Ottawa County Social Welfare Department.

Monday, Mrs. Mayer and Mrs. Darrow provided transportation for a widowed mother and ACD (Aid to Dependent Children) child. Later in the day she observed the homemaker and social worker introduce and develop a case-work plan for future use of homemaker service with an elderly couple.

Tuesday, the women assisted a recently widowed 85-year-old woman with housework, laundry, and medical care.

The homemaker and trainee will assist another recently widowed woman who is ill, with laundry, housework, and transportation for medical care on Wednesday.

Mrs. Mayer will receive experience working with a young mother on Thursday morning, who needs assistance with child care practices, homemakering skills, budgeting, menu planning, comparative shopping, and personal hygiene.

Later Thursday, Mrs. Mayer will accompany Mrs. Darrow as she provides child supervision and housekeeping for five children while the father is at work. This relieves a full-time substitute mother. The Social Welfare Department is attempting to keep the children in their own home rather than placing them in foster care.

Friday, the homemakers will provide assistance for two elderly widows with grocery shopping, transportation for medical care, paying bills, and alteration of clothing.

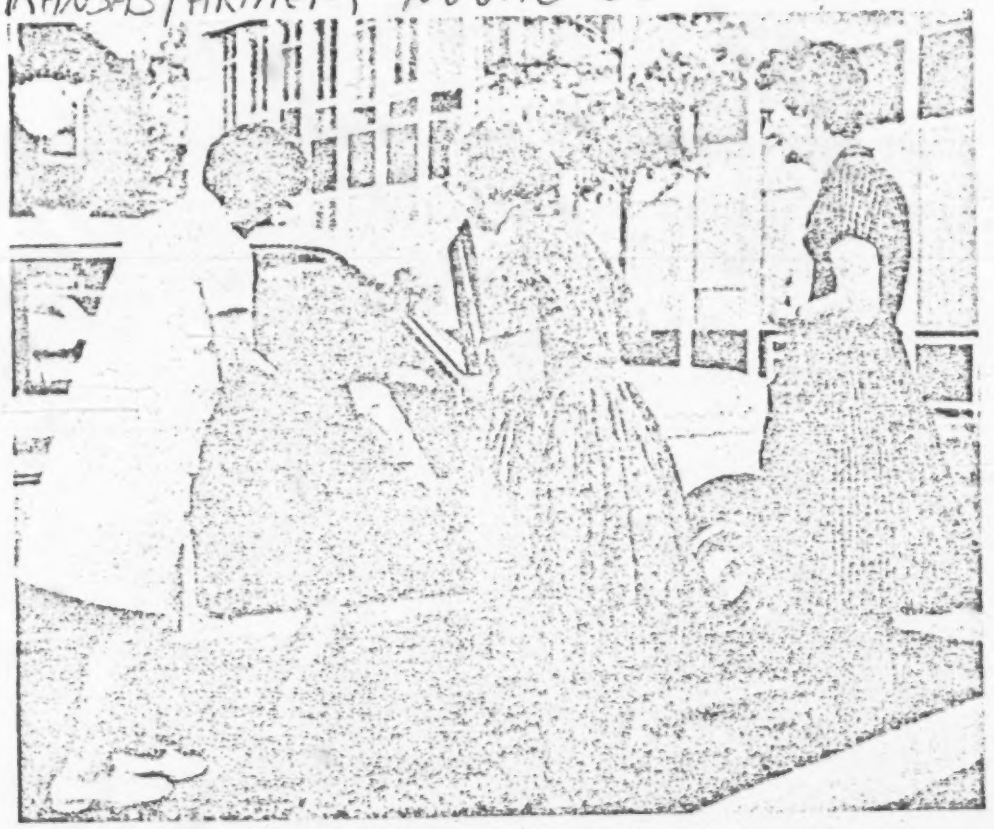
Homemaker service can allow many elderly individuals to remain in their homes.

Next week, Mrs. Mayer will return to Kansas State to complete her training. Following the training program, which ends Aug. 23, Mrs. Mayer will return to Washington county, where she will be available for employment as a homemaker.

8/15/68

Front page - The Delphos Republican

KANSAS FARMER, NOV. 16 '68 p. 28



Women train for home service

Women taking the 4-week Homemaker Service Training at Kansas State University, Manhattan, spend 2 weeks in classes, a week with another "pr· sional" Homemaker for on-the-job training, and a final week in classes. Above, Mrs. Marie Darrow, Ottawa County Homemaker, left, shows Mrs. Leo Schmidt, center, and Mrs. V. V. McCaffrey, right, Baileyville, how to help an elderly person into and out of an automobile. Two sessions, one starting December 2 and the other January 20, 1969, remain. Women over 35 may take the training at no personal cost.

Mrs. Herman Is Graduate Of Program

A Topeka woman, Mrs. Juanita Herman, was one of three trainees who was graduated f. om the sixth session of the Homemaker Service Demonstration Training Program at Kansas State University in Manhattan.

During three weeks of the session, Mrs. Herman lived on the K-State campus at Ula Dow Training Center, while attending classes taught by university personnel and other resource people.

The subject matter covers such fields as home nursing, special diets, budgeting the food dollar, and understanding and working with children, the aged and low-income families.

The other week of the training period was devoted to field experiences in Topeka, with Mrs. Herman accompanying a homemaker from the Shawnee County Social Welfare Dept. on her rounds.

Women with diplomas from this training program are qualified to serve in homes needing the temporary services of a homemaker or needing help for short, but regular periods of time.

Women who are interested in taking homemaker training may obtain additional information by writing to the Homemaker Training Program, in care of Family Economics, Justin Hall, Kansas State University, Manhattan, Kan., 66502.

In Training

Mrs. Albie Rasmussen (standing), assistant professor of family economics at K-State, discusses tips on buying and packaging with Salinans (from left) Mrs. Helen Richards, 611 E. Elm; Mrs. Wilma Drake, 431 S. Phillips, and Mrs. Helen Jackson, 335 N. Front.

To Become Trained Homemakers

Salina Journal

3/27/69

Three Salinans are among 8 women from over the state enrolled in the 9th session of the homemaker training program at Kansas State university, Manhattan.

Participating from Salina are Mrs. Helen Richards, Mrs. Wilma Drake and Mrs. Helen Jackson.

The program, financed by a federal grant, instructs 60 women to be homemakers, trained to work with families during times of need.

For 3 weeks of the training program, the women live in the Ula Dow Training center on the K-State campus.

They attend classes in which they learn about home nursing, time and energy management, household skills, menu planning, and understanding and working with people of all ages.

During the 4th week of their training, the women take their field experience working under the supervision of a county welfare or public health official.

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Homemakers' training to help others

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Service. Muriel Zimmerman, program coordinator of the Homemaker Training Program, is also a writer for Family Focus.)

By MURIEL ZIMMERMAN

"Because I think I can do something to help others as well as myself, the Homemaker Training Program has been very valuable to me," a graduate homemaker commented. She had just graduated from a recent session of the Homemaker Service Demonstration Training Program being conducted at KSU.

To her, the training means more and better job opportunities, better salaries, a variety of situations to work in helping others, and a career as a "homemaker." "It was really great to learn what service can

Mrs. Monroe, who had previously worked as a maid. "Now I can work with families instead of just for them."

She is one of 60 women who can receive training, a certificate, and a new career as a "homemaker." She can help, on a part time or full time basis, families who need assistance during periods of need.

However, many women often find it difficult to find a job because they haven't received training for a career. They want to use the homemaking skills they have developed through years of experience, but they need the assurance and certification that they are trained for a job.

The Homemaker Training Pro-

ter on K-State campus, includes a four-week training program. This is a one year, federally financed experimental and demonstration project designed to train women from various educational and income levels.

The training program helps women update housekeeping skills and learn easier and better methods of providing homemaking and personal care.

Mary Cohorst expressed the feelings of many trainees when she said, "I have kept house for many years and raised my family, but I sure didn't realize there was so much I could learn about housekeeping.

"The lessons in laundry and cleaning brought out many new methods and easier ways of do-

and when to use many new products and appliances."

Another trainee added "Budgeting, comparative shopping and time and energy management are areas I did not know much about. But this information will be helpful to me both in my own home and as I work with other families."

Each lesson is followed by a group discussion or demonstration. The trainees also have a chance to put into practical application what they have learned because they live Ula Dow during three weeks of the four week training session.

The eight women in each class prepare their own meals, care for the house, and live together in an informal home-like atmosphere.

But perhaps more important than learning household skills, the women learn how to give personal care to family members. This may involve home nursing skills, which they can perform under a doctor's supervision.

"The home nursing taught in the training class includes information we believe every mother should know," says Mrs. Donna Kennedy, registered nurse and graduate assistant who coordinates the training classes. This includes learning how to feed a patient in bed, help a patient in and out of bed, how to give a bed bath, and many other areas of home nursing.

Because the homemakers' first concern is caring for families, more than half of the lessons are on understanding and working with people. Infants, preschoolers, adolescents, aged, mentally ill, alcoholics, retarded persons, and low income families are all topics of discussion, as they each have special needs.

During the third week of the training, the trainees accompany a trained homemaker working for an agency that provides homemaker service.

at no personal cost to any woman. A woman has everything to gain and nothing to lose by taking the training. Women don't realize this training can be "for me," regardless of any income level or educational background.

The main problem is finding these women to take the training; only two more classes are scheduled, beginning Dec. 2 and Jan. 20, 1969. After the homemakers are trained, they can work parttime or full time, on their own or within an agency.

Although the homemaker service is relatively new in Kansas, it has on-going programs in other states. The 1967 Directory on Homemaker Services lists only 800 programs and agencies offering homemaker services in 49 states. Only two private agencies, seven county welfare departments, and one public health office offer homemaker services on a limited basis in Kansas.

The demands for graduates of the Homemaker Training Program greatly exceeds the supply. Research conducted three years ago by the Department of Family Economics indicated Riley County alone could use 40 fulltime homemakers. It now has three trained women.

Riley County has money budgeted for two homemakers, but has not yet employed them.

Some Kansas welfare offices add money to the client's grant so homemakers can help families needing assistance.

Other homemakers find employment on their own, helping families in their own communities. Families are willing to pay for the services of a homemaker, because to them the family and home is important.

One trainee summed it all up by saying, "Being a homemaker is a great experience. By helping others I help myself. It is a new career opportunity for me, and I am really proud to be a part of it."

For additional information,

...just one of the many pleasures Mrs. Linda Lichleiter and Galen Fisher ... is Boehler enjoys as a trained homemaker. (Photo by Linde

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FLASH

Homaker Training Extended

Word has been received from Kansas State University that the training program for mature women who would like to become *that special person* has been extended!

New classes will begin March 17 (with a week's break for Easter) and April 28. *Early application is essential* as the work will be offered only if the classes are filled.

Given at no cost to participants, the course covers three weeks of in-residence study with an additional week of field training.

Additional information may be found in the December issue of the Churchman (page 7) or from the Homemaker Service Demonstration Project. Applications should be sent or phoned to the project office c/o Family Economics Department, Justin Hall, KSU, Manhattan, telephone (913) 532-6204.

Kansas Council Churchman
1969

It has been my pleasure to attend some of the classes, as an observer, that have been offered this summer by the Department of Family Economics, KSU. Several counties have been represented by women interested in participating in this Homemaker Training Service program. There have been three sessions since its inception.

If you are interested in such a training program which is offered to women age 40 plus —

Write: Homemaker Training
c/o Family Economics Dept.
Kansas State University
Manhattan, Kansas 66502

or call 913-532-6204. There is no personal cost.

Kansas Extension
Homemakers Council
News
October 1968

Women Find Rewards In Homemaking Duties

By CONNIE GASTON
Women's Staff Writer

Mrs. Aldena Thompson glows when the 2-year-old twins call her "Big Mama." But she insists that they call their own mother "Sweet Mama" and gave her a big kiss.

That same good feeling is there for Mrs. Robert (Katherine) Heagler when she learns that the two elderly sisters, once too apathetic and listless to move from their chairs, have decked themselves out in clean dresses and lipstick for her visit.

THE PERSONAL reward in helping people and seeing them respond to the effort is just one of the reasons the two Wichita women became interested in the Kansas State University, Manhattan, homemaker course.

Since graduation Mrs. Thompson and Mrs. Heagler have been employed by the Wichita Sedgwick County Department of Public Health. Their weekly duties include calling on several families, assigned by the department, and performing the homemaking functions they perfected at KSU.

"I love my work," smiled Mrs. Thompson, mother of three. "I love the variety it offers, but most of all I like helping people."

FOR THREE weeks of the month-long, non-tuition session, the women lived in Ula Dow Training Center on the KSU campus. They attended classes during the day and applied the principles taught in their living unit during the evenings.

The women were instructed on subjects including home nursing, special diets, budgeting the food dollar, and understanding and working with children, the aged and low-income families.

The fourth week involved field experience in a Kansas county of their choice. As a result of the training, each woman received a diploma, a home nursing certificate and information essential for helping families in need of homemaker services.

"I first heard about the homemaker course on television," Mrs. Thompson explained. "It sounded right for me so I applied."

SHE EXPLAINED that in one family she helps care for the elderly bed-ridden father while his two daughters, who usually care for him, are given a chance to rest. "He's a 24-hour responsibility," she said. "I bathe him, prepare meals and run errands for the family."

In another home she cares for an arthritic patient, performing general household duties, shopping for groceries and planning meals.

Mrs. Heagler has had some interesting jobs also. "I have a family with a 10 year-old boy who is a cerebral palsy victim. They also have a toddler. The combination has proven too much for the mother who needs an afternoon out of the house, so I relieve her. One day the boy's body was just stiff with anxiety and frustration. After we had played and talked for a while, he relaxed and was in a deep sleep when I left.

"ANOTHER FAMILY I enjoy is the elderly sisters. They didn't pay much attention to me on my first few visits. Now they spend time in the kitchen with me, wear special dresses when I come and spend hours telling me stories. I love to work with elderly people. I never tire of the same story, not even on the third or fourth time around," she said good-naturedly.

Mrs. Heagler calls on four families a week and Mrs. Thompson sees six. "It keeps us busy," said Mrs. Thompson. "But that's what we want. My children are grown and only two of Mrs. Heagler's five are at home. We've found a great way to fill our long hours with most rewarding work.

"For instance," she offered, "a lady in one of my homes has a type of nervous disorder, so we have been exercising a little therapy together each day. I'm teaching her to crochet and she's making a red, white and blue rug. I tell her if she's unhappy with someone to pull one of the loops out and pretend that's the person she's upset about. She loves it and I think it's helped her."

MRS. SONIA Faust, homemaker supervisor, explained the function of the homemaker service.

"The training is for women particularly 45 and over who, with training and certification, will be able to serve their community by helping those in need. The purpose is to give status and dignity to the service."

She enumerated the four priorities of the homemakers. A homemaker will go into a home

- if the mother is out of the home for reason of illness or death and there is a responsible adult to relieve the homemaker.
- if there are elderly people in the home who cannot care for themselves.
- if the mother cannot handle the responsibility of a sick or afflicted child, is overwhelmed with the household duties and needs to be relieved.
- if an emergency maternity case arises, when no other provision can be made for the children.

"Most of our referrals come from the public health nurse, welfare workers and physicians. The homemakers make reports and we keep close check on the family's progress," she explained.

IMPROVISION seems to be one secret to being a successful homemaker. "I have been a carpenter, beautician and even a plumber when the occasion arises," said Mrs. Thompson, comparing notes. "You should see some of the shelves I've put up," she continued. "I can put up a good shelf."

Mrs. Heagler noted that she could "trim hair and give permanents, mend clothes and make anything out of nothing on a moment's notice. I've done things I'd never dreamed I'd do and met characters I thought only existed in books," she laughed. "And I love it. This work is most fulfilling."

AT THE END of a long day making homes for everyone else, how do the women manage to keep up with their own homemaking duties?

"Sometimes I don't," Mrs. Thompson laughed. "In fact once I was so far behind that I needed a homemaker to come in and help me."

Mrs. Murial Zimmerman at the Homemaker Service Demonstration Project, Family Economics Department, Justin Hall, KSU, Manhattan, Kan., may be contacted for more information about the program.

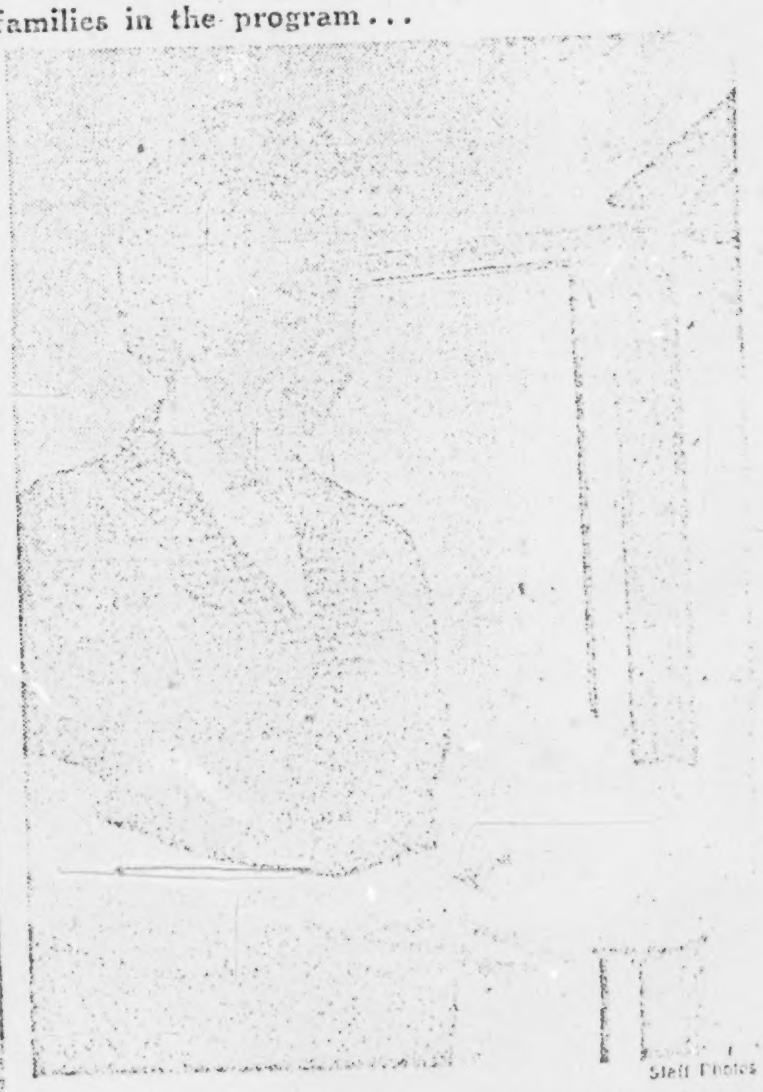
The Wichita Eagle - March 19, 1969

MRS. SONIA FAUST, SUPERVISOR, MEETS WITH HER STAFF

... A close check is kept on families in the program ...

MRS. BEAGLER ENJOYS HOMEMAKING DUTIES

... Preparing meals is a regular chore ...



HOMEMAKING IS A REWARDING JOB

... Mrs. Thompson "loves" her new work ...

▷In Household Employment

Mrs. Donna Kennedy, a registered nurse, is the teaching coordinator of the Homemaker Service Demonstration Project being conducted at Kansas State University. Mrs. Juanita Herman is employed as a household aide by the Shawnee County Social Welfare Department.

Mrs. Kennedy—Our project is one of the experimental and demonstration projects under the National Committee on Household Employment. It is one of the seven demonstration projects in a national pilot program to train household workers and to develop, promote, and elevate the status of household-related services.

Our project is directed toward the mature woman —the woman 35 years and older. We are interested particularly in the woman 45 to 65 years of age. We found that this woman has had many experiences raising her own family; she has many homemaking skills and an understanding of human relationships. But she is in need of retraining for some homemaking skills, home management, and personal care of others.

During the first year of our project, we trained 59 women from throughout the state of Kansas. We did this in 10 training sessions. Many of our trainees were untrained, unemployed, or underemployed. Many lacked feelings of status, dignity, and self-worth. During the second year of our training program, we have as our objective to train a minimum of 48 women, to hold refresher courses for our previous graduates, and to hold a supervisor's workshop for homemaker supervisors.

Of the 77 trainees who have gone through our training program thus far, 42 are working as homemakers, 13 are employed in related areas of work, 2 are employed in other jobs, and 19 are unemployed. They are unemployed for various reasons: health; family situations; and because our program is not limited exclusively to the low-income, we have people who have taken our training who plan to work in the future but whose situation now does not make it necessary for them to work. We have had only one dropout.

Our training program has three objectives. The first is to help each trainee develop the necessary skills, personal qualities, and understanding that will enable her to assume full or partial responsibility for managing a home, and/or assisting an individual or family in periods of stress or crisis. The second objective is to help each trainee develop a feeling that, as a homemaker, she is an individual of worth and can feel a sense of pride and dignity in the services that she is able to render to families. Thirdly, we want to help each trainee become aware of the important function of homemaker service in our society.

The unique feature of our training program is the in-resident training which affords the opportunity of group living. We found that group living is an excellent learning experience for our trainees and an experience that can be related directly to their work with other people and families.

A graduate of our training program is trained to assume full or partial responsibility for a family in time of illness or other crisis or emergency. She may do housekeeping tasks, but her primary function is to maintain and strengthen family life.

The graduate of our training program can function most effectively when she is working as a member of a team with the supervision of a professional and the support of an agency. Working as a team member in an agency, she enjoys the same kind of career ladder advantages as other professionals in the agency.

Mrs. Herman—The duties and responsibilities of a homemaker are about the same as those of any mother or homemaker. The only difference is that we feel a little more responsible because we are dealing with people other than our own families.

The homemaker supervisor works with the social worker and the welfare board. The client has to make application for help through the social worker. It is then passed upon by the board. The supervisor and social worker plan a schedule; the supervisor assigns us written work, hours to be spent with a certain family, and our duties while there. We do have time in the office to have a private conference with our supervisor to discuss what can be done if there are problems in the home. We also have the privilege of calling her any time if we are out in the homes and need advice.

I like this work very much because I like people. Sometimes one can become very depressed over their problems. It is hard not to sympathize with them, but you don't want them to know that you are feeling sorry for them.

We are taught to do the things for our clients that they are unable to do. We learn to be a friend and helper, not a maid. We also do not deprive them of their self-respect. All of my clients appreciate the things that I do for them. I wish I could do more.

A HELPING HAND FOR THE ELDERLY

A group of Kansas women who are "out of kids and out of jobs" are learning to assist in the home care of the elderly and to help families in a crisis.

An experimental and demonstration project funded by the U.S. Department of Labor is training these unemployed women to become Homemaker-Home Health Aides. The program is under the direction of Dr. Richard Morse of Kansas State College, Manhattan, Kansas.

March Goodhousekeeping

With the average life expectancy having increased by more than 23 years since the turn of the century, the need for home health care for the elderly is becoming increasingly more urgent. Many clients require only part-time service—e.g., a 70-year-old woman suffering from Parkinson's disease is able to stay at home with the help of an aide who comes in for two hours each day to prepare her main meal and straighten up the house.

By providing health aides to elderly welfare clients, one Kansas county has already saved $11,000—the difference between the wages paid the aides and the cost of nursing home care.

The homemakers are prepared to take over for families in a crisis. For example, a father of five employed a graduate to run his home while he was out of town on urgent business. An alcoholic mother receives service three days a week, while she learns how to operate her household efficiently and make a happy home for her family.

Women are trained in groups of eight, and spend the first two weeks of their training period in the Home Management House at the college, learning how to live with one another as well as how to care for the elderly, cook, and manage a home.

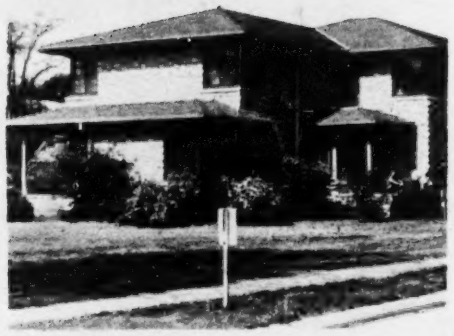
The third week of training is spent on the job, under the supervision of a visiting nurse or other appropriate individual. The final week is spent back on campus, brushing up on techniques.

To date, 86 women have been graduated from the training course and 52 of them are presently employed full-time as Homemaker-Home Health Aides. Seventeen others are working in related areas such as aides in nursing homes or Head Start programs. Others are employed part time.

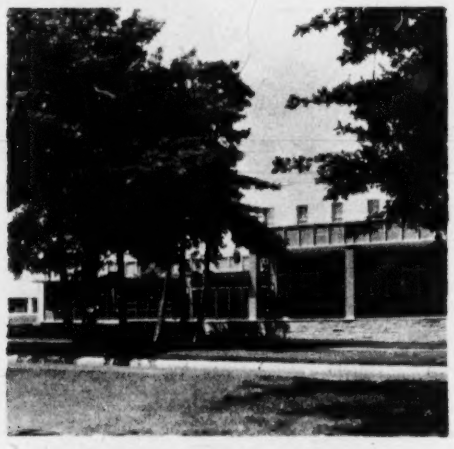
Nine additional women began their training December 1. Only one woman has dropped out of the program prior to completion.

Graduates employed by a county social welfare or public health agency are paid at civil service rates ranging from $321 to $358 a month. Those working for individual employers average $1.65 per hour—a wage which seems low for the services rendered but is high compared to the 75 cents per hour many of them earned before.

But the satisfaction of the job is, to many of them, as important as the pay. As one woman who had spent her entire life in domestic service remarked, "All of my life I've been working *for* people; now I know how to work *with* people." ◆



Ula Dow Training Center



Justin Hall-Home Economics Building

Mrs. Boehler reading to children

Mrs. Duarte aids a patient in walking

Who is a homemaker?

A trained person capable of assisting families in periods of stress and crisis to maintain the home and its activities.

Who will use a homemaker?

Families and individuals in need of services as a result of illness, childbirth, an accident, (emergency or out-of-town trip), disablement of a family member, infirmities of old age. Any of these conditions may create a need for a homemaker.

Is a housekeeper the same as a homemaker?

No. A housekeeper is concerned with sweeping, dusting, cleaning and custodial care of the house. A homemaker is concerned with all aspects of the home including: comparative shopping, meal preparation, personal care and emotional well-being.

A homemaker does not take the place of nurses, dietitians, or social workers but supplements their work.

THE TRAINING PROGRAM

How long is the training program?

The four-week training program begins with two weeks of living in a home management house on K-State campus with other women trainees. They prepare their own meals in a "family setting," take care of the house, receive instruction through lectures, discussions, demonstrations and films, while enjoying the fellowship of group living. During the third week trainees work in the state with an agency providing homemaker service. They return to campus the fourth week for additional training.

Residents of the Manhattan area may live at home during the training program. All other trainees live in the home management house.

What will the course include?

Many interesting lessons. See the enclosed fact sheet for details.

Where will I be employed?

Each trainee is free to accept a position wherever available. Trainees work for organizations supported by volunteer funds or work for private employers.

Other trainees find placement in some counties as civil service employees of a social welfare department. They are supervised by a staff member who places them in situations where they are best able to serve. Normally this work is full-time employment. The training project cannot guarantee employment upon completion of the course, but assists trainees in finding employment whenever possible.

What salary can I expect to receive?

Salary depends on whether the homemaker is employed by an agency, or private employer. When employed by private employers the salary is determined by agreement between the homemaker and employer. Homemakers employed by a social welfare department work under civil service classifications.

In what situations will a homemaker work?

The homemaker may work on a part-time, full-time or live-in basis, depending on both her desires and the employer's needs. Most families need the services of a homemaker at some time, regardless of their income level.

When will future training sessions begin?

July 28, September 15, October 27, December 1, 1969 and February 2, and March 9, 1970. (Confirm all dates with your local employment office.)

APPLY NOW

Who is eligible for training?

Any woman over 35 and preferably 45 and over who indicates and gives assurance that she expects to work as a homemaker. Graduation from high school is not necessary. A certificate is awarded upon completion of the training program.

Homemakers assist the elderly

Home nursing class

Mrs. Self and Mrs. Wingo discuss laundering

Which is the best buy?

HOMEMAKER SERVICE DEMONSTRATION PROJECT

Provides four weeks of training to learn about--

FOOD FOR FAMILIES
...nutrition...budgeting the food dollar...menu planning...guided tour of supermarkets

FAMILY RELATIONSHIPS
...basic human needs...infants...pre-school children...adolescents...aged
...mentally ill...retarded persons...alcoholics...low-income families

FABRIC CARE
...fabric selection...care of different kinds of fabrics...shopping for children's clothing...mending

CLEANING
...care of floors and furniture...using supplies and equipment

LAUNDRY
...supplies and equipment...methods

HOME NURSING
...Red Cross certificate

BUDGETING AND COMPARATIVE SHOPPING
...brands...prices...quality...advertising...packaging

MANAGEMENT IN THE KITCHEN
...use of equipment...cleaning supplies...sanitation in food handling

ACCIDENT PREVENTION AND FIRST AID

PERSONAL CARE AND DEVELOPMENT

TIME AND ENERGY MANAGEMENT

HOW TO USE THE COMMUNITY'S SOCIAL AGENCIES TO HELP FAMILIES

HOW TO GET A JOB AS A HOMEMAKER

Through--
...lectures...films...group discussions...role playing...reading assignments...evaluations
...three weeks in-resident experience and one week of field experience
...field trips to Federation for Handicapped Children's Nursery, Headstart Project and nursing homes

WRITE:

Kansas State University
Dept. of Family Economics
Manhattan, Kansas 66502

Telephone 532-6204

Buying and caring for children's clothing

Mrs. Hernandez bathes the baby

Mr. Berridge discusses employment

Graduation

How much will the training cost?

There is no personal cost to trainees. Training grants for those eligible for the MDTA allowances are available. Inquire of the Employment Service Office serving your county for the actual amount. If you are on welfare, ask about the benefits available

Who is eligible for a training grant?

If you are unemployed or underemployed, have a total of one year employment in your lifetime, and are head of a household (or your husband is unemployed), you may be eligible under the Manpower Development Training Act and should contaqt your local office of the Kansas State Employment Service. If you are on welfare, you are eligible for benefits in addition to your regular welfare payments. If you are now employed and your employer wishes you to have this training, a portion of your living costs will be met.

How will applicants be selected?

Applications will be reviewed by the State Homemaker Service Advisory Board who will judge applicants on the basis of their (1) potential for service, (2) trainability, (3) moral character and reliability, (4) enthusiasm and interest, (5) recommendation of community leaders, and (6) physical fitness and vigor. All applications will be judged equally, regardless of race, color or national origin.

How do I make application?

Write to the Homemaker Service Demonstration Project, Department of Family Economics, Justin Hall, KSU, Manhattan, Kansas 66502.

and

Register at your local office of the Kansas State Employment Service.

ACKNOWLEDGEMENT

This project* is one of seven national pilot programs of the National Committee on Household Employment, a non-profit organization to develop, promote and elevate the status of household related services.

A distinct feature of this project is its training of women preferably age 45 and older. Another feature is the in-residence training. It is expected to develop a type of training which will be adaptable to other training centers. Furthermore, it is hoped the trainees will reflect such a high level of on-the-job performance as to bring status and dignity to this service.

An overriding objective of this project is to encourage communities to recognize that this service offers a new career for women, giving them new opportunities to use their talents gainfully, and thereby to serve the needs of others. When a family faces a crises, a trained homemaker should be available to give professional service until their normal home life can be restored. Our goal is to have trained homemakers in every community.

ADVISORY BOARD MEMBERS

Miss Tessie Agan	Kansas Home Economics Association
Mrs. Dorothy Bradley	Child Welfare Service S.D.S.W.
Mrs. Orville Burtis	Riley Co. Council of Social Agencies
Mr. George P. Carey	Kansas Employment Service
Miss Lucile Cook	Sedgwick Co. Health Department
Mr. Oliver E. Ebel	Kansas Medical Association
Mr. Homer Floyd	Kansas Civil Rights Commission
Mr. Lauren W. Harrod	Services for the Aging S.D.S.W.
Miss Judy Healey	Catholic Family and Community Services
Miss Elizabeth Hirschler	State Department of Education
Mrs. Josephine Moen	Ottawa Co. Welfare Department
Mr. Dennis Popp	Div. of Inst. Mgt., S.D.S.W.
Miss Elfriede Regier	Home Health Agency, Kans. Board of Health
Mrs. Marilyn Rothwell	Visiting Nurses Assoc. of Lawrence
Mr. Ivan Sand	Riley County Commissioner
Mrs. Mariella Smith	Homemaker Service, S.D.S.W.
Mr. Jack Southwick	North Central Kansas Guidance Center
Mrs. Catherine Westerhaus	Harvey County Welfare Department
Mrs. Shirley White	Ext. Home Economics, Ks, Coop. Ext. Service

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* A Manpower Development and Training Act of 1962, Title I and Title II project, funded by the United States Department of Labor and the Office of Education, United States Department of Health, Education and Welfare.

Appendix B

Case history - Mrs. G.

Mrs. G., 69 years old and divorced from her husband for 30 years, was accepted as a trainee for session VI. She was hard-of-hearing but otherwise in good health, alert and active for her age. The project decided to accept this trainee and closely observed her to determine the importance of age in training homemakers.

At the time of enrollment, Mrs. G. was employed caring for an elderly couple in a live-in situation and was happy and satisfied with the employment. Her daughter decided that she should take advantage of the training program. Although Mrs. G. resisted her daughter's efforts, she enrolled in the training program.

Throughout training, when asked why she enrolled, Mrs. G. bluntly answered, "My daughter pushed me into it. I hoped they wouldn't accept me, but they did." However, she did say that she enjoyed the classes there was a lot to be learned and that she benefited greatly from the variety of instructors and the campus atmosphere.

From the beginning of the training program, Mrs. G. was apprehensive about field experience and questioned the staff concerning the necessity of participating in it. After final arrangements for field experience were made and discussed with the trainees, Mrs. G. developed a "tension headache". She asked permission to stay at home the next week "to get her affairs in order and regain her health". She said she would like to return for the fourth week of training and then make up her field experience later.

On Monday of the fourth week of training, Mrs. G. telephoned the staff to inform them she had decided to drop-out and had accepted a job caring for an elderly lady for $1.00 an hour. The decision to drop the training program had been discussed with the manager of her local employment office. He advised her not to return to the training program if she wasn't interested and didn't feel she would receive any benefits.

The staff felt Mrs. G.'s age plus the fact that she was pressured into enrolling were important factors in her decision not to complete the training. She did not appear able to cope with the necessary adjustments at home or in the training situation to meet the training requirements.

Case history - Mrs. S. L.

Mrs. S. L., a 26 year old Caucasian, enrolled in the training program to secure training so she could support her family if it ever became necessary. She had been recommended for training by her community health agency to be hired by them as a part-time homemaker/home health aide upon completion of the training.

Her family consists of 2 daughters, ages 4 and 9, and a disabled husband who is, at present, fully employed as an accountant. She is obese, has many physical complaints, and appears to have a low threshold of energy.

She grew up in a large family which moved about frequently and whose mother could neither read nor write nor did she encourage Mrs. S. L. in her school work. Although Mrs. S. L. had completed 10 years of school, her reading and writing skills were limited to approximately a third grade level. In normal conversation, Mrs. S. L.'s limited ability to read or write was not apparent. These limited skills did not hinder her involvement in the training program or group living situation. She had been enrolled in a basic education class last semester and the teacher reported that she was enthusiastic and making good progress.

Completing the evaluation forms, taking the pre- and post- tests, and reading the assignments presented problems for Mrs. S. L. A staff member read the pre- tests to her prior to the day's lesson. During the first week of the training program, she was careful that the rest of the trainees didn't realize she had difficulty in reading and writing and would "take" the tests again with the class. However, by the second week she discussed her limited ability with them and she no longer made any pretense in taking the tests. By using a child's dictionary, she completed her daily evaluations. Her spelling was poor but she was able to get her ideas down on paper. Reading assignments were either read to her by a staff member or her roommate. She gave one reading report based on the illustrations in a booklet describing care of a stroke patient.

In comparing her pre- and post- test scores with the other 112 graduates of the Homemaker Service Demonstration Training Project, she made the highest post-test score and the largest score gain of any trainee.

It was the general consensus of the staff that although Mrs. S. L. had limited reading and writing skills, she was able to benefit greatly from the training program and could function as a successful homemaker/ home health aide. They also felt that the group living situation contributed to helping her build feelings of self-confidence and self-worth.

Case history - Mrs. S.

Mrs. S., who is now deceased, a 47 year old Negro, was separated from her husband and had a grown son. Her previous employment history included 22 years experience as a day worker and 12 years as a helper in a kitchen. She was referred for training by her social worker.

The weekend following the third week of training she returned to the training center intoxicated. In checking with her social worker, the staff learned that she was an alcoholic. The employment office was aware of her problem, but did not inform the staff prior to the training session as they are not able to give information concerning an applicant unless revealed during an interview.

After graduation, based on her training record, she was placed by the staff in a home situation caring for an elderly woman. Her employers were pleased with her services, but dismissed her after a few days because they could not afford her salary. She was placed again by the staff caring for an elderly client. She worked only a few days before calling her employer to say she was ill.

Following this incident, there were several notices in the local paper from time to time of Mrs. S.'s confinement to city jail on a charge of intoxication or a report of her being a victim of assault and battery in her home. Following her second employment experience, Mrs. S. was no longer recommended by the staff.

The staff attempted follow-up by both phone and letter, but was not successful. However, in January 1970, Mrs. S. called the training center and asked if she could visit the staff. During the visit she expressed her appreciation of the training program and desire for employment. She was excited about having a telephone installed in her home and the placing of a classified ad in the local newspaper. The ad read, "Seeking permanent employment as a homemaker. Could live-in, licensed certificate from KSU."

The advertisement did not give Mrs. S.'s address or telephone number, thus, the training center received several inquiries concerning the ad. The staff did not give out any information or endorse the ad. Two days later, a notice of her arrest for intoxication appeared in the newspaper.

Two weeks later Mrs. S. placed an advertisement again. This time it gave her telephone number, but she was unable to find employment as many local residents were aware of her alcoholic problem and the staff could not recommend her.

Case history - housing discrimination

Mrs. C., Mrs. F., and Miss I., 3 Negro laides, live in a church sponsored, low income housing project. The home management supervisor at the project required the three ladies to take the homemaker training course to prepare them for work in the project and recommended them to the training center. The women were to function as paraprofessionals in the project's home management and day care center as a project funded under the State Department of Vocational Education.

At the training center the ladies gave the impression they were "special" because they came from a unique housing development. During the first two weeks of training the three ladies worked together, but had difficulty cooperating with the other trainees.

Mrs. F., who acted as spokesman for the three ladies, said several times, "We tell it as it is. We state the bare facts." However, they had a low tolerance for other trainees, and especially one trainee who frequently expressed herself and asked many questions. Mrs. F. interrupted and said, "There is too much noise, we can not hear." The "noise" was another trainee asking questions.

On another occassion Mrs. F. said to the Teaching Coordinator, "You may think I'm crazy, but some people are not here to learn, they talk too much. I'd like to have a chance to lecture to the class."

Field placements and arrangements were made for them with their consent and met their approval. However, on Monday morning after field experience, the supervisor with the housing project called the training center and said the three had confronted many problems during field experience. She asked for an appointment to come to Manhattan with the Director of Home Management Services, State Department of Vocational Home Economics and the Director of the housing project to discuss these problems.

During the Monday morning taped evaluation of trainees field experiences, Mrs. F., Mrs. C., and Miss I. would not participate. They said they would discuss their experience with the staff later.

At the conference with the housing project staff, the three ladies stated the problems they confronted.

(1) Discrimination in housing.
(2) Alternate housing arrangements were intolerable.
    (a) It was in a bad part of town.
    (b) All other tenants in the house were men.
(3) Supervision of homemakers and trainees by the homemaker supervisor was inadequate.
(4) The homemakers were inadequate. They were not trained for their assignments. They considered trainees their employees who had been sent to do their work.
(5) Funds for field experience were inadequate.
(6) Catching buses was too difficult.
(7) If they had had uniforms they might have been required to work on their own during field experience.

Action was deferred until Wednesday when the Project Director was to return from Washington D.C.

Tuesday morning the field experience homemaker supervisor telephoned to report problems she had confronted with the trainees during field experience. They were:

(1) Finding alternate housing for the ladies. She placed them in the private home of an agency employee.
(2) The ladies did not have uniforms, so she could not send them out alone.
(3) The ladies wore slacks to work.
(4) Mrs. C. and Miss I. acted disinterested. They did not observe the homemakers at work.
(5) Three clients asked the agency not to send trainees to observe in their home again.
(6) The trainees did not report to work Thursday. They left town at approximately 2:00 a.m. and did not inform anyone that they were leaving, even though they had telephone numbers of agency personnel to contact in case of emergency.
(7) When they left, they took with them the bed linens and curtains from the room where they had stayed.

For the remainder of the final week of training the ladies seemed to have lost all interest in the training program, and their attitude was very negative. Not until Wednesday did they allow themselves to get involved in any classroom discussion.

At a Wednesday afternoon conference with the housing project staff, and HSDTP staff, the field experience supervisor's telephone conversation was discussed to clarify mutual responsibilities and interests. After this discussion the trainees were invited to join the conference.

The field experience supervisor's comments were repeated to the ladies. They were asked to respond and then there was a general discussion of the problems. The session was an exhausting but profitable evaluative process for both the training and housing project staff.

The training staff realized the need for an instruction sheet giving complete details concerning professional attitude and responsibilities of the trainee to their sponsoring field experience agency. Also the sheet should stress contacting the training center for further instruction when crises occur.

The housing project's staff recognized the need to:

(1) Send only one or two trainees from their project to a training session at one time.
(2) Evaluate and screen prospective trainees more closely.
(3) Orient and prepare trainees for the training program.

The combined counseling produced a positive change in the trainees attitudes for the last two days of the training session. A telephone conversation with the housing staff after graduation, confirmed the three graduates positive attitude toward the overall training program, and were able to reconcile their problems and feelings.

Alleged housing discrimination

The ladies were asked whether they felt they had experienced a problem of housing discrimination and wished this matter pursued. They expressed interest, where upon the Project Director called Kansas Civil Rights Commission, for advice. Sworn statements were obtained from the ladies and the Job Developer.

Telephone calls were made to the city Human Relations Board and the HUD regional office in Texas to report steps taken and seek advice. Proper forms were completed and an alleged discrimination complaint was filed. Hearings were held and the housing facility was found guilty of discrimination; their records will be checked for one year.

Case history - Mrs. H.

Mrs. H., age 64, is a Caucasian widow with an eight grade education who lives in a small town. For the last ten years she worked as a cook, for $10.00 a day, in a hospital. Mrs. H. was a quiet and reserved person whose life "was routine to and from work, with few friends and community activities". She enrolled in the training session with reservations about her ability to work as a homemaker.

During the training Mrs. H. was very cooperative, anxious to learn and had a good attitude. She developed from a very quiet person to one who could enter into conversation and express her opinion. Her field experience supervisor said, "Mrs. H. is a very warm, kind person.

She often stated that the group living aspect of the training program was very important to her, as she hadn't been around people for some time. The night before graduation one of the trainees styled Mrs. H.'s hair. At graduation she said, "These trainees really made me feel and look young again. This has been a great experience to help me come out of my shell!"

Several weeks after graduation she told the Program Coordinator over the phone that she was working from 4-8 p.m. as a nurses aide at a nursing home.

> "Can you believe I'm actually doing this? The elderly people are so helpless. I really enjoy my job. I'd like to stand up on the highest building and shout from the roof tops about that great training program you have. I put a sign at the laundromat about the program and last night explained it to a woman at the nursing home. I think it's just great and can't understand why more people don't go to it."

The staff believes the training program was successful in helping Mrs. H. develop the self-confidence and skills she needed to be gainfully employed, working with people.

Case history - Mrs. B.

Mrs. B., a 62 year old Caucasian widow, was a welfare recipient who was encouraged by her social worker to enroll in the training program. She had never been employed outside her home. However, after the death of her husband, 3 months prior to her enrollment in the training program, she was motivated to take a live-in job caring for 2 children in a motherless home. Her family had always been welfare recipients and the social worker hoped the training program would motivate Mrs. B. to desire employment as well as help her develop confidence in her ability to be self supporting.

During the training program she was a cooperative and willing learner. However, she was not as receptive as most of our trainees to new ideas and information. On one occasion the staff overheard her say, "I would rather stay at home and not work, but the welfare says I have to. I suppose if I want to eat, I have to work."

She returned to her home county welfare department for her field experience. Her social worker noted that in the two weeks of training she had "gained an improved concept of herself as a woman able to do for herself". She also stated that the B. name in this area is not conducive to trust. A social welfare council member remarked that she probably could do well in some area where the B. name is not an unfavorable one.

Mrs. B. has been placed by the project and satisfactorily employed in another county on a live-in basis by 3 employers since graduation.

When Mrs. B. returned to the training center for a refresher course she was beaming. Later, when the Job Developer interviewed her, she expressed satisfaction with her job and the training project. She said, "Training gave me the confidence I needed to work, and I know the staff is behind me to help me find a job when I need one. Besides that I enjoy my work. I have a new dress I paid $30 for, the most I've ever paid for a dress in all my life and I have 3 wigs".

Case history - Miss A.

Miss A., 54 years old, had no dependents or close living relatives nor did she have a home or place of residence of her own. Her work experience included approximately 25 years of practical nursing in home situations varying in length of time from a month to three years. At the time of enrollment in the training program, she had been caring for an elderly couple whose health was improving and soon would be able to provide for themselves.

The training center became Miss A.'s home for four weeks, and with graduation she had no place to go. The Program Coordinator arranged two interviews with families who needed a live-in homemaker. However, in both instances, she was not hired because of her incessant talking. Arrangements were made by a telephone interview for her to care for an elderly woman with a broken arm in a live-in situation, 120 miles away. The woman resisted her family's efforts to hire a homemaker for her as she did not feel she need one. This situation proved to be difficult and neither Miss A. nor her client was happy. After a month of caring for this elderly woman, Miss A. looked for and found employment as a housemother in a children's home.

She has continued in her employment as a housemother for the children's home for the past year and a half and appears to be well satisfied with working conditions and salary. She is receiving $300 a month plus room and board. The children's home has given Miss A. more responsibility with the children which she has accepted and enjoys.

Miss A. has stated that the training program has been helpful to her in finding and keeping permanent employment. The staff also feels that the training program was instrumental in Miss A.'s developing the confidence needed to find employment on her own.

Case history - Mrs. R.

Mrs. R. called the training center in the spring of 1969 and requested a homemaker on a live-in basis to care for her 3 children. Mr. R. is a contractor. He and his wife also own 2 beauty salons. Mrs. R. works in the beauty salons part-time, afternoons and evenings. Mr. R. also works evenings at the salons.

The homemaker's duties would consist of supervising the children's dressing, transporting them to school, supervising play after school, meal preparation and putting them to bed. The R.' have a new home. Mrs. R. told the Job Developer the homemaker would have a private room and receive $200 a month plus room and board.

In the past year Mrs. R. has called the training center often. She has also placed classified advertisements in the newspaper at two different times, without success. In the last 7 months the Job Developer has referred 5 women to Mrs. R., and each has refused employment with her. They reported to the Job Developer that the job requirements were too great for the salary (Mrs. R. offered the homemakers $150 a month). The Job Developer and other staff members have counseled with Mrs. R. concerning work loads, time off, and salary, but Mrs. R. does not believe the job would be hard work.

The last time Mrs. R. called she mentioned she had started working as a nurses aide and was enjoying her work. She did not want to quit and was desperate for help. Mrs. R. is not realistic about job duties and salaries.

Case history - Mrs. E.

Mrs. E. worked days for two elderly sisters after graduation; a sitter stayed with them at night. One sister, Mrs. V., had to go to the hospital and then to a nursing home for extended care. While Mrs. V. was in the nursing home, the sisters began discussing the idea of selling their home and both entering a nursing home. During the time the sisters were trying to decide what to do, Mrs. E. grew insecure. She did not want to terminate and leave the sisters without a homemaker. Mrs. E. called the office several times a day trying to decide whether she should seek other employment.

Mrs. E. interviewed for 3 jobs, but did not accept any of the jobs because the sisters had changed their minds.

The fourth interview appointment set up by the Job Developer with Mrs. R. was not kept and Mrs. E. did not notify Mrs. R. or the Job Developer that she did not plan to keep the appointment. Counseling with Mrs. E. about her professional responsibilities followed. After the telephone conference Mrs. E. called Mrs. R. and explained her reason for not keeping the appointment and her present job situation.

The Job Developer assured Mrs. E. that when her present job terminated other employment would be available, so no further interviews were scheduled until the sisters decided to enter the nursing home.

The Job Developer then referred Mrs. E. to the O. family. Mrs. O. is an invalid and Mr. O. has a business in town. Mrs. O. defined the job to the Job Developer as being 8 hours a day, 6 days a week. The salary was set at $1.50 per hour.

Mrs. E. interviewed and decided to take the job. She told the O.'s she would work 6½ days a week for $250 per month. The Job Developer pointed out that these were low wages, $1.20 per hour, and long hours for her, considering her family responsibilities.

Mrs. E. called the O.'s and changed her hours to 6 days a week at $250 per month with arrangements for a raise and social security payments. Mrs. E. was relieved and exhuberant with the new arrangements. She said she knew her husband would have been very unhappy if she had had to work Sundays.

Mrs. E. is anxious to have an agency in this area establish homemaker service. She has been instrumental in getting the public health nurse to explain homemaker service to her extension homemakers unit. She asked Mrs. Mariella Smith, State Consultant on Homemaker Service, State Department of Social Welfare to talk with the leaders in the community.

During her employment as a homemaker Mrs. E. has been confronted by employment decisions, professional responsibilities and employer requests with which she has been unable to cope on her own. As the result of counseling and supervision Mrs. E. has been satisfactorily employed and retained enthusiasm for working as a homemaker and for the promotion of homemaker service.

Case history - Mrs. A.

In April 1969 the training staff received a telephone call from a friend of Mr. and Mrs. A. was in the hospital and the friend thought they might need a homemaker when Mrs. A. returned from the hospital.

In June, when the Job Developer was employed, she telephoned the A.'s to inquire if they still needed a homemaker. At this time Mr. A. was in the hospital.

The A.'s are an elderly couple, living on social security. Mrs. A. said after her husband came home from the hospital she would need a homemaker to help care for her husband.

In September Mr. A. was released from the hospital so Mrs. A. called the training center again for a homemaker. She could not decide how many hours a week she needed help or if she wanted a live-in homemaker, or how much she could pay, but $1.50 an hour was more than she could afford.

The Job Developer referred Mrs. A. to the public health department to check whether she would be eligible for home health visits under medicare. The welfare department was also asked if financial assistance would be available if a homemaker was placed in the home. Welfare was unable to give assistance because the A's income level was too high. During a home visit the Job Developer learned the A.'s were not eligible for home visits because Mrs. A. did not want the health nurse or aide to give personal care to her husband.

The A.'s 2 children live 120 miles away and were not able to meet for a conference with any of the agencies. Mrs. A. was not able to make the decisions necessary for either the social welfare or health department to act and could not afford to pay for an HSDTP graduate. Therefore none of the 3 agencies was able to provide needed assistance to the A.'s.

Mr. A. has died and the family is considering nursing home care for Mrs. A. Had homemaker service been available on a sliding scale basis the A.'s would have been able to received help both before and after Mr. A.'s death.

Case history - W.

Mrs. W., a rehabilitated alcoholic, took the training course last year. Since training Mrs. W. has been employed full-time as a substitute mother in 3 homes. After completing these jobs the Job Developer placed Mrs. W. in the home of an elderly couple, Mr. and Mrs. H., with whom the consumption of alcoholic beverages was a customary part of everyday living.

The Job Developer discussed the employers' drinking habits with Mrs. W. and was told that the presence of liquor did not bother her. However, she could not mix or serve drinks.

The Job Developer discussed Mrs. W.'s problem with the employer who assured her that alcoholic beverages would not be displayed or served while Mrs. W. was working.

Mrs. W. has a 13 year old daughter who has been ill several times this spring. Her brother has cancer and has undergone surgery. As a result of these two problems she had missed quite a bit of work this spring.

One Monday Mrs. H. called the training center and was very upset. Mrs. W. was not at work. When she left Friday she said she had problems in her family. Mr. H. was sure Mrs. W. had gone home Friday and spent the weekend drinking. The Job Developer placed a substitute homemaker then checked on Mrs. W. She had not been drinking but had been at the hospital with her daughter.

Counseling prior to placement and during this time enabled the H.'s and Mrs. W. to understand and adjust to the continual problems, to provide uninterrupted service to the H.'s.

Case history - Mrs. B.

Mrs. B., age 53, is married, has a son in the armed services and a daughter whose whereabouts is unknown. She showed great concern about her daughter. After living for 30 years in the same community, her husband was transferred to a different city. She presently is living in a newly developed suburban area. All of her neighbors are employed during the day, thus she finds herself spending long days alone in a new environment.

Mrs. B. was the only white trainee in the in-residence group. During the training program she became emotionally upset several times, crying and displaying feelings of apprehension and anxiety. The staff listened attentively and with empathy, attempting to convey their concern and understanding for her feelings. She expressed concerns that one of the trainees was abusive and aggravating her. She also mentioned that this particular trainee's behavior reminded her of her daughter. Throughout the training she continued to discuss her feelings and concerns about the other trainees with the staff. The staff attempted to give her emotional support at all times; however, they did not attempt to give counsel or advice at any time.

She was able, with continued support from the staff and her roommates, to complete the training satisfactorily. The training appeared to have a positive effect on her self-confidence and hopefully on her ability to face her problems and cope with them in a satisfactory manner.

Following graduation HSDTP referred her to her local health department where she obtained employment as a home health aide. She has proved to be an effective home health aide and good employee and has expressed satisfaction in her employment.

Case history - Mrs. J.

Mrs. J. is a 32 year old Negro, a mother of two pre-school children, a divorcee and an ADC recipient. In order to take the training, Mrs. J. had to make child care arrangements for her children for one month. Because she lived 270 miles from the training center and bus connections were poor, Mrs. J. was unable to go home on weekends during the training program.

During the training, Mrs. J. proved to be alert, cooperative, sincere and sensitive to the needs of others. She was receptive to new ideas and eager to learn. During the last taped evaluation, with tears in her eyes, Mrs. J. said, "This training is really important to me. You don't know how important it is to me to be able to support my children. I don't want to receive welfare payments. This training program is going to make it possible for me to support my family."

The Monday following graduation, she began employment as a homemaker with a social welfare department. Mrs. J. has proved to be an effective and successful homemaker. She is a good employee and has expressed feelings of satisfaction and enjoyment in her employment. She has been an effective panel member participant in conferences for social welfare directors, board members, and staff. She is also working on the White House Conference on Children and Youth.

HOMEMAKER SERVICE DEMONSTRATION PROJECT

TRAINING PROGRAM SCHEDULE

July 13 - August 7

Department of Family Economics
Kansas State University
Manhattan, Kansas

July	13	14	15	16	17
7:30	Rise - - - - - - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - -
		Prepare Breakfast - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - -
8:00	Continental Breakfast (prepared by staff)	Breakfast - - - - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - -
		Care of dishes - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - -
		Care of house - - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - -
		Start preparation of lunch - - - - - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - -
8:45		Group Discussion	Group Discussion	Group Discussion	Simplified Bedmaking
9:00	Orientation to training program: goals policies tour of house purpose and function of living in Ula Dow	Cleaning Supplies and Equipment Mrs. Ethel Self	Laundry Supplies Mrs. Ethel Self	Food for Families	Slides: Be A Better Shopper
10:00	Schedules	↓	↓	Miss Daisy Atkinson 10:30 Slides: Be a Better Shopper	Care of house Weekly cleaning Weekly laundry
11:00	Demonstration of Small Appliances	Introduction to Food for Families Mrs. Gail Assink	Field Trip: College Nursery School Guest for lunch.	↓ Guest for lunch.	

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July	13	14	15	16	17
12:00	Lunch prepared by staff	Lunch - - - - - - - - - - Care of dishes - - - - - - - - - -

July	20	21	22	23	24
7:30	Rise - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - -
	Prepare Breakfast - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - -
8:00	Breakfast - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - -
	Care of dishes - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - -
	Care of house - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - -
	Start preparation of lunch - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - -
8:45		Group Discussion	Group Discussion	Group Discussion	Film: Second Chance
9:00	Home Nursing Mrs. Betsy Lambert	Home Nursing Mrs. Betsy Lambert	Understanding and Working with the Aged Miss Virginia Fetters	Film: Target - Babies and Children 9:30 Work Simplification Mrs. Paula Duston	9:15 Tape: Understanding and Working with Adolescents Mrs. Sue Larson
10:00	10:30 Film: There Was A Door	10:30 Understanding Differences in Families and Basic Human Needs	10:30 Understanding and Working with a Family with an Emotionally Ill or Retarded Individual	10:30 Low Cost Diets Mrs. Gail Assink	10:15 Care of the House Weekly Cleaning Weekly Laundry
11:00		Dr. Beverly Schmalzried 11:30 Field Trip Nursery for Handicapped Children	Mr. Darrell Spoon		

July	20	21	22	23	24
12:00	Lunch Care of dishes				
1:00	Filmstrip: More Than Love 1:30 Plan week's menu's and market list	Late Lunch	Home Nursing Mrs. Betsy Lambert	Home Nursing Mrs. Betsy Lambert	Reading Reports
2:00	2:30 Understanding and Working with Children Ages 6-12 Dr. Marjorie Stith	Care of Floors Mrs. Kayann Heinly	2:30 Preparation for Field Experience Mrs. Sharon Scoggin	2:45 Understanding and Working with Young Children Mrs. Marjorie Morse	Taped Evaluation of Week's Training Program
3:00	4:00 Film: Wonderful World of Food	Comparative Shopping Problem II 3:30 Film: Image in a Mirror	3:15 Understanding and Working with the Family of an Alcoholic Mr. Jack Southwick	4:00 Film: Proud Years	
4:30	Free time - study Prepare dinner				
6:00	Dinner Care of dishes				
7:30	Menu Planning Problem	Reading Assignment	Reading Assignment	Weekly Written Evaluations	

Field experience is provided by Department of Social Welfare, Department of Health, or volunteer or private agencies.

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July 27 - July 31

Aug.	3	4	5	6	7
7:30	Rise - - -

Aug.	3	4	5	6	7
12:00	Lunch Care of dishes				
1:00	First Aid Mrs. Betsy Lambert	Special Diets Mrs. Gail Assink	Care of Fabrics and Shopping for Children's Clothing Mrs. Mary Jo Harbour	Homemaker Services in a Public Agency Mrs. Josephine Moen	Taped Evaluation of Training Program
2:00	2:30 Field Trip: Parkview Manor Demonstration of Remotivation Techniques	2:15 Field Trip: KP&L Demonstration of Small Electrical Appliances Mrs. Janet Tittel	2:30 Safety in the Home	Film: Homefires	
3:00	Mrs. Cherryl Powell, LPN 3:45 Films: Poisons in the Home When Sally Fell Shopping for week	4:00 Films on Safety and Mental Retardation	Mrs. Paula Duston 4:00 Film on Caring for Stroke Patient	Reading Reports Post Evaluations	Graduation Tea Certificates
4:30	Free time - study Prepare dinner				
6:00	Dinner Care of dishes				
7:30	Reading Assignment	Artificial Respiration Mr. Henry Bonawitz	Reading Assignment	Weekly Written Evaluations	

A C K N O W L E D G E M E N T S

We wish to acknowledge the following resource personnel for their assistance:

Department of Extension Home Economics, KSU

Miss Daisy Atkinson
Miss Martha Brill
Mrs. Ethel Self (Retired)
Mr. Darrell Spoon

Department of Family and Child Development, KSU

Mrs. Sue Larson
Dr. Marjorie Stith

Riley County Health Department

Mrs. Helen Ott, R.N.

Riley County Extension Council

Mrs. Kayann Heinly

Nursing Care Homes

Parkview Manor, Mrs. Cherryl Powell, Administrator
College Hill Nursing Center, Mrs. Jean Chepil, Occupational Therapist

Safeway Supermarket

Mr. Jim Lyon, Manager

Kansas Power and Light Company

Mrs. Janet Tittel

Riley County Council of Social Welfare

Mrs. Orville Burtis

State Department of Social Agencies

Miss Virginia Fetters
Mrs. Marjorie Morse

Riley County Red Cross Chapter

Mr. Henry Bonawitz

North Central Kansas Guidance Center

Mr. Jack Southwick

Registered Nurse

Mrs. Betsy Lambert

Nursery for Handicapped Children

Mrs. Frances Van Scoyc, Administrator

Project Director

Dr. Richard L.D. Morse

Program Coordinator

Mrs. Mary Jo Harbour

Teaching Coordinator

Mrs. Paula Duston

Job Developer

Mrs. Sharon Scoggin

Teaching Assistant

Mrs. Gail Assink

UNIT I . . . . . ORIENTATION TO HOMEMAKER SERVICE

LESSON 3 . . . . . ROLE OF THE HOMEMAKER/HOME HEALTH AIDE

OBJECTIVES

1. To orient each trainee to the role and function of the homemaker/home health aide in homemaker service.
2. To help each trainee understand her role and responsibilities in relationship to the families with whom she may work.
3. To help each trainee develop a feeling of professional pride and dignity in her role of a homemaker/home health aide.

CONTENT

A. Major purposes and primary goals of homemaker service:

1. To maintain, strenghten, improve or safeguard the home and family life for individuals and family groups when such service is appropriate
2. To hold the family together while the natural homemaker (usually the mother) is incapacitated, whether she is in or out of the home, and to prevent family breakdown for any reason, thus avoiding the shock of separating children from their parents, their brothers and sisters, their school and their friends
3. To enable the aged, chronically ill or disabled individual to remain in his own home among familiar surroundings whenever possible
4. To lessen the physical, mental, emotional and economic burden of chronic illness for a family
5. To hasten convalescence and to reduce the length of stay in an institution by permitting the patient to remain at home or to return home sooner than he otherwise could
6. To keep on his job the employed adult who now must take time off to care for children, an elderly patient or ill relative
7. To help assess family and individual strengths and weaknesses so that a plan may be developed to serve the best interests of the family and the community
8. To help teach the family more efficient methods of household management, day-to-day living and better methods of self-care

B. Homemaker service can:

1. Strengthen family life by raising the level of living and preventing the development of a serious social situation
2. Hold families together in times of short-term or chronic illness, hospitalization, convalescence, desertion, death or other stresses

3. Prolong independent living for the aging or the disabled
4. Enable families to care for their aging and ill without exhausting their own physical, financial, and emotional resources
5. Permit the employed father to keep his job when his wife is unable to care for the home
6. Enable the working mother to keep her job when there is no one else to care for the child or other person who is ill
7. Help a new or expectant mother in continuing the normal household routine
8. Help parents to learn better methods of child care and home management

C. Qualifications of a homemaker/home health aide

1. General qualifications:
   a. Good physical health
   b. Elementary understanding of basic human needs
   c. Ability to work with children and adults
   d. Ability to evaluate situations calmly with good judgement
   e. Resourcefulness and flexibility in meeting problems in the home
   f. Good moral character
2. Personal qualifications:
   a. Pleasing appearance
   b. Emotionally mature
   c. Patience and tolerance
   d. Ability to get along with all types of people
   e. Ability to adjust to various situations
   f. Ability to accept supervision
   g. Ability to accept differences in people
3. Professional qualifications
   a. Ability to regard any information she learns about a family's affairs as confidential and discuss it only with her supervisor
   b. Ability for self-control and understanding problems of others
   c. Ability to avoid discussions of her personal problems, religious beliefs or political views
   d. Ability to accept the challenge of each new assignment and regard it as a learning experience through which she can become better able to understand people and their problems

e. Ability to work effectively with people without becoming emotionally involved

f. Ability to report accurately

D. Role of the homemaker/home health aide

1. Encourages self-care and independence of families and individuals with whom she works

2. May preform routine housekeeping duties, plan menus, do shopping or prepare meals

3. May see that adequate clothing is kept clean and wearable for each member of the family

4. May give help in making a market list or family budget

5. May give simple bedside care of the type usually provided by a member of the family

6. May take the family or individual to the grocery store, laundry, utility company to pay bills, to clinic or doctor's office

7. May instruct mothers who need help in homemaking and/or child care

8. Gives children and adults thoughtful, controlled affection, pays attention to each individual's needs and encourage each individual according to his age, sex and ability to help himself.

E. When helping families:

1. The homemaker/home health aide needs to have:

a. Personal skills

(1) To get along with people

(2) To understand their problems

(3) To respect their cultural background and habits

(4) To enlist their interest

(5) To work with them

(6) To teach them

(7) To enlist their help

(8) To motivate them to help themsleves

b. Practical skills

(1) To plan menus

(2) To shop

(3) To prepare food

(4) To clean

(5) To mend

(6) To manage a home

(7) To do laundry

(8) To give personal care

c. Resourcefulness

(1) To work without supply of basic tools

(2) To improvise equipment

(3) To devise ways to do a job

(4) To build family resources with donations, second-hand items, thrifty purchases

2. The homemaker/home health aide needs to be familiar with the community in which she serves.

a. Health resources

b. Welfare resources

3. Housekeeping may be the safeguard for the stability and self-respect of the family she serves.

a. It may contribute to the health and happiness of the individuals.

b. It may help give pleasure in their home.

c. It may help establish and maintain family stability and order.

d. It may contribut to the family's well-being.

RESOURCES

1. For instructor

Hart, Evelyn. Homemaker Services....for Families and Individuals. Public Affairs Pamphlet No. 371. Public Affairs Pamphlets, 381 Park Ave. South, New York, 10016: 1965. Development, trends and purposes of homemaker service.

Readings in Homemaker Service. National Council for Homemaker Services, Inc., 1740 Broadway, New York, 10019. Collection of selected papers which present the background, uses and practices of homemaker/home health aide services.

A Unit of Learning About Homemaker/Home Health Aide Services. National Council for Homemaker Services, Inc., 1740 Broadway, New York, 10019. Instructional materials concerning homemaker service.

2. For trainees

Hart, Evelyn. Homemaker Services....for Families and Individuals. (See instructor's resources.)

_____. Homemaker Service, How It Helps Children. Children's Bureau Pubn. No. 443. Washington, D.C., 20402: U.S. Printing Office, 1967. 24 pp. 35 cents. How homemaker service can help children.

A HOMEMAKER/HOME HEALTH AIDE

A. A homemaker/home health aide should have the following general qualifications:

1. Good physical health
2. Elementary understanding of basic human needs
3. Ability to work with children and adults
4. Ability to evaluate situations calmly with good judgement
5. Resourcefulness and flexibility in meeting problems in the home
6. Good moral charact..

B. A homemaker/home health aide should have the following personal qualifications:

1. Pleasing appearance
2. Emotionally mature
3. Patience and tolerance
4. Ability to get along with all types of people
5. Ability to adjust to various situations
6. Ability to accept supervision
7. Ability to accept differences in people

C. A homemaker/home health aide should have the following professional attitudes:

1. Ability to regard any information she learns about a family's affairs as confidential and discuss it only with her supervisor
2. Ability for self-control and understanding problems of others
3. Ability to avoid discussions of her personal problems, religious beliefs or political views
4. Ability to accept the challenge of each new assignment and regard it as a learning experience through which she can become better able to understand people and their problems
5. Ability to report accurately
6. Ability to work effectively with people without becoming emotionally involved with them

D. Responsibilities of the homemaker/home health aide:

1. Encourages self-care and independence of families and individuals within families with whom she works
2. May perform routine housekeeping duties, plan menus, do shopping, prepare meals
3. May see that adequate clothing is kept clean and wearable for each member of the family
4. May give simple bedside care of the type usually provided by a member of the family

5. May give help in making a market list or family budget
6. May take a family or individual to the grocery store, laudry, utility company to pay bills, to clinic or doctor's office
7. May instruct mothers who need help in homemaking and/or child care
8. Gives children and adults thoughtful, controlled affection, pays individual attention to each individual's needs and encourages each individual according to his age, sex and ability to help him help himself

RESPONSIBILITIES OF THE HOMEMAKER

Duties and Responsibilities: The homemaker stabilizes a home by maintaining and strengthening the family ties. All planning involves the cooperation of the responsible adult in the family group and his or her full acceptance of any changes that might be needed. The duties of the homemaker vary from one situation to the next depending on the needs of the individual or family. Her primary function is to provide homemaker service to the individual or family with regard to both physical and emotional needs. She supplements but does not take over what a parent is able to do for his children or what an individual is able to do for himself. She respects the relationships among family members and between the family and other persons in the community.

In working with children her focus will vary, depending on whether the mother is in or out of the home, how the family is accustomed to doing things, and what is important to them. She helps the parents maintain the child's daily routine. In all situations she tries to meet each individual's need for acceptance, affection, and attention through a warm, friendly interest in him and his activities. Where there are special problems, as in relation to discipline, she discusses with the caseworker how to deal with them. She gives regular physical care where necessary and in case of illness gives simple bedside care under direction of the physicial or nurse. She sees that clothing is clean, mended, and ready to wear; that children get off to school, do their homework, and have their school lunches. The homemaker does not take family members to her own home nor permit children to go to relatives or friends to visit unless this is approved by the responsible adult. Also, she does not have responsibility to contact school officials, physicians, etc. Except in emergencies, these responsibilities remain with the family or are carried by the caseworker. The homemaker provides needed services but does not make decisions regarding home management.

In rural areas twenty-four-hour service is sometimes required, most frequently because of the transportation problem. Also the homemaker may sometimes have to cope with lack of electricity, use of wells for water, and wood stoves for cooking. It is sometimes necessary for the agency to arrange appropriate sleeping accommodations in the home for her. If she is to be in the home during any meal, she either takes her lunch or is given an allowance to pay for her share of the meal. In general, these are the tasks a homemaker performs:

1. Clean house, including sweeping, dusting, etc.
2. Buy groceries and other items
3. Plan and prepare meals
4. Help in working out a budget
5. Give baths and help with personal appearance of individual, such as trimming nails, shampoo, shave, etc.
6. Read to or otherwise stimulate the interest of the person
7. Do light laundry
8. Mend clothing and household supplies
9. Help patient to follow out treatment plans prescribed by doctors, such as use of a wheelchair, walker, or crutches, and exercises

10. Encourage an aged or disabled person to help himself insofar as possible

11. Teach an aged person or other members of the family to carry out household tasks

12. Serve as a cheerful, helpful companion

A homemaker does not:

1. Do heavy seasonal housecleaning
2. Do heavy family laundry
3. Take the place of a maid
4. Take the place of a nurse
5. Do cleaning or laundry for people outside the immediate family
6. Lend money
7. Make decisions for the family rather than with the family

Pre _____ Post _____

Name _____

Class _____ Date _____

T H E A G E D

I. Mark T for true and F for false before each statement:

1. ____ Health and the immediate environmental situation effect an older person to the same degree as a younger person.

2. ____ Psychological reactions to physical changes often make it hard to accept or adjust to the process of getting old.

3. ____ An important function of the homemaker is to help the elderly person to maintain dignity, sense of worth and interest in life.

4. ____ An elderly person is generally efficient if he is forced to reorganize old familiar material in new and strange ways.

5. ____ An elderly person's adjustment to old age usually resembles their adjustment to life at earlier periods.

II. Check the best answer or answers:

1. Physical characteristics generally found in the elderly:

   1. ____ A decline in acuity and speed of focusing in their vision.
   2. ____ A loss of hearing.
   3. ____ An increase in pain sensitivity.
   4. ____ A steady decline in muscular strength after the twenties.

2. The homemaker cen help alleviate the problems of old age by:

   1. ____ Helping maintain the home to assure comfort and safety.
   2. ____ Not allowing the aged to make any decisions.
   3. ____ Assisting with psychological needs by encouragement, personal interest and companionship.

Week _____ Day_____ Name _____

Daily Evaluation

We are interested in your feelings and opinions about the subject matter presented in today's training, and why you feel this way. This is not a test and will not be graded. Please answer the following questions, so we can develop a training program to include the information you need to help you.

1. General questions about today.

   a. What was the most important thing you learned?

   b. Why?

3. a. What was the least valuable lesson presented?

   b. Why?

3. What did you learn that was completely new to you in subject matter?

4. What methods did you learn for doing household tasks that were completely different from the ones you were familiar with?

5. What did you learn about understanding people?

6. What did you not understand that was included in any lesson presented?

   What not? _____ Teacher? _____ Method presented? _____ Subject matter?____

7. This is how I feel about today in general: Circle the number that best indicates your feelings.

   Extremely poor Extremely good

   1 2 3 4 5

Week _____ Day _____ Name _____

Daily Evaluation

List the three most important things you learned in each class

Poor Excellent

1. Film: Target - Babies and Children
Rate 1. 2. 3. 4. 5.

1.
2.
3.

2. Work Simplification by Mrs. Paula Duston
Rate 1. 2. 3. 4. 5.

1.
2.
3.

3. Low Cost Diets by Mrs. Gail Assink
Rate 1. 2. 3. 4. 5.

1.
2.
3.

4. Home Nursing by Mrs. Betsy Lambert
Rate 1. 2. 3. 4. 5.

1.
2.
3.

5. Understanding and Working with Young Children by Mrs. Marjorie Morse
Rate 1. 2. 3. 4. 5.

1.
2.
3.

6. Film: Proud Years
Rate 1. 2. 3. 4. 5.

1.
2.
3.

7. _____
Rate 1. 2. 3. 4. 5.

1.
2.
3.

Week _____ Name _____

Class _____ Date _____

W E E K L Y E V A L U A T I O N

1. What did you learn this week to help make you feel you will be better qualified to work as a homemaker?

   a. What household skills?

2. What did you learn about understanding people?

3. In what ways has the training program helped you to feel more confident as a homemaker?

4. Has you idea as to what a homemaker is, changed during this week? If so, in what way (s)?

5. What was not included in this week's lessons that you would like to know more about to work as a homemaker?

FIELD EXPERIENCE EVALUATION

I. Did you work with children during your week of field experience?

1. How many children?

2. What were their approximate ages?

3. What were your responsibilities in relation to the children?

4. What did you learn in your training that you could apply in your field experience in relation to children?

II. Did you work with elderly people during your week of field experience?

1. How many elderly people?

2. What were their approximate ages?

3. What were your responsibilities in relation to the aged?

4. What did you learn in your training that you could apply in your field experience in relation to the aged?

III. 1. Who was your supervisor?

2. What were the responsibilities of your supervisor to you?

3. How much supervision did you receive?
___ too much ___ not enough
___ adequate

Comment on your above answer.

IV. 1. What did you enjoy most during your week of field experience?

2. What did you like the least?

3. What did you learn in the first two weeks of training that helped you the most in your field experience?

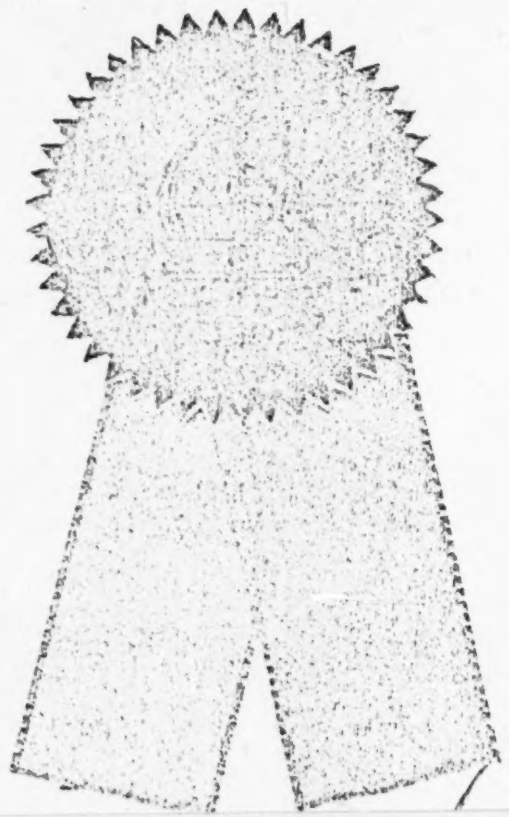
4. What could you have had in your training that would have helped you more?

5. What are the values of the week of field experience to the Homemaker Service Training Program?

Homemaker Service Demonstration Project

KANSAS STATE UNIVERSITY

This is to certify that _____ has completed on _____ the training program of the Homemaker Service Demonstration Project, at Kansas State University—a pilot project supervised by the National Committee on Household Employment and funded by the United States Department of Labor and the Office of Education of the United States Department of Health, Education and Welfare.



_____

Doretta S. Hoffman, Dean
College of Home Economics

_____

Richard L. D. Morse, Director
Homemaker Service Demonstration Project

_____

Muriel E. Zimmerman, Coordinator
Homemaker Service Demonstration Project

Appendix E

Approaches used in homemaker service development

The following case histories are examples of the approacehes used in three different counties for the promotion of homemaker service.

In X County the directors of three local agencies worked up plans for providing homemaker home-health aide service in the county. They took the plans to the county commissioners for their stamp of approval without having provided the commissioners with facts to substantiate the need for the service in the county. Citizens from the community at large also were not involved in the initial planning for the service.

In Y County some interested citizens from the different areas of the county got together to explore the need for homemaker home-health aide service in their county. They requested the state consultant on homemaker service to meet with them and explain how the service could be implemented in their county. The county commissioners were invited to attend the first meeting to discuss the need for the service. They requested that a county-wide meeting be held to inform the local citizens about the service and to explore the extent of need in the county. In addition, it was suggested that different methods for implementing the service be discussed. The question raised was whether it might be better to provide the service through a voluntary nonprofit agency in the community or through tax-supported agency. The county commissioners had some question about the service being tax-supported, but at the same time made offers of their assistance if the service was started by a voluntary agency in the community.

In Z County the county welfare director presented the need for homemaker service to the county commissioners who also serve as the county welfare board. The county commissioners decided to appoint an ad hoc committee made up of agency representatives, professional persons, such as doctors, nurses, ministers, and citizens from the community at large.

This committee was to study the actual need for the service and bring their findings and recommendations to the county commissioners.

In evaluating the three approaches used we find in X County that the service is still not being offered on a very large scale. The commissioners are not convinced that a need for the service exists and more effort will be needed to expand the program.

In Y County two county-wide meetings were held in two different towns. One meeting was well attended, while at the other meeting no one attended. As a result of the meetings some interested citizens are continuing to work on plays for getting the service started. A minister of a small church offered the assistance of some of his members to explore the need for the service. At this date it is too early to know whether the service will be offered in this county.

In Z County the ad hoc committee appointed by the commissioners reported back that there was evidence of need for homemaker service in their county. The committee recommended that a homemaker be employed by the commissioners to work out of the welfare department. The commissioners accepted the recommendation and homemaker service is being provided in this county.

KSU offers homemaker training program to mothers

Life takes a 180 degree turn for the 45-year-old mother when her last child leaves home. For 25 years, she has played chauffeur, budgeter, chef, child psychologist and cleaning expert.

Then at 45, with duties either cancelled or condensed, she faces the challenge of a "new life" of freedom and too often loneliness.

"My children are gone. What can I do?" one homemaker asked. "Employers want younger women with more training."

Yet, homemakers 35 and over are in constant demand through a training program at Kansas State University. Positions are still available for the Homemaker Training Program's 13th session, starting October 27, to train women wanting full or part-time work as "professional homemakers." Open to any woman 35 or older, the federal - funded project is designed as a "refresher course," Muriel Zimmerman, program coordinator, said.

"Women learn new and easier methods of working with people of all ages," she added. "After years of managing their own homes, they already know the basic skills."

Trainees enjoy college professors conducting their classes, Sharon Scoggin, job developer, said. K-State faculty from the College of Home Economics and Extension specialists teach such topics as the preschool child, menu planning and home nursing.

Homemaker trainees then plan and create meals for low cost budgets, special diets or commodity foods. Ironing a shirt in five minutes is accomplished another day during the two-week intensive training.

A week in the field follows where women work with a "professional homemaker" on the job. Since the Homemaker Service Training Program started in March, 1968, 77 graduates have worked with county welfare offices, health departments, private agencies or on their own.

"Women learn how to work with community resources such as the social worker, registered nurse or physical therapist to help families most," Mrs. Scoggin said.

After returning and completing a final evaluation week, the 45-year-old "housewife," who once wondered what she could do, faces the "problem" of too many jobs.

One professional homemaker returned to her community, talked about her training and received three job offers the next day.

A father wants his wife to travel with him on a business trip, but hesitates leaving the children with a babysitter. A 75-year-old invalid confined to a wheelchair wants to stay at home, but has no "head of the household" to care for her. A young mother needs help to manage her home, but lacks a "trained person" to advise her.

Before the program, persons would call the Ula Dow Center wanting someone to help and Mrs. Scoggin could only say, "I'm sorry, no one is trained." Twenty-eight positions in the Manhattan area alone still have no trained homemakers.

Manhattan Kansas
Manhattan Mercury
October 14, 1969
Front Page

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Cites welfare savings from K-S program

Many Kansas counties probably are losing money by failing to adopt homemaker home health aide service, says Dr. R. L. D. Morse, head of the department of family economics at Kansas State University.

Morse points to a study by a KSU graduate student, Karol Ann Nordstrom, which revealed that the Ottawa County Welfare Board in North Central Kansas saved more than $11,000 in assisting only two families during a recent 12-month period.

One family assisted was an aged couple who, without homemaker service, would have had to be cared for in a nursing home; the other family had five dependent children who were able to stay together, rather than being placed in a foster home, because of the assistance of a homemaker.

"The needs of these two families, and of the community, probably were better served, and at much less expense, than would have been possible had homemaker service not been available," Morse says.

"Since this small county had a sufficient number of cases to justify homemaker service, the potential for larger counties should be even greater. In fact, the question may well be raised as to how a county can afford not to include homemakers in its services to families."

Morse, who estimates the state of Kansas needs 2,000 homemakers, notes that this past summer only eight counties had homemaker service programs operating within their county welfare agencies. There were approximately 100 homemakers employed — ten times as many as were employed just two years ago. Kansas State University has been making a significant contribution in this area through a special homemaker training program. During the past year and a half 85 women have been trained in this area.

"As homemaker service develops and as more trained homemakers become available, county welfare boards may be expected to include homemaker services. On the basis of Miss Nordstrom's study, it would seem that providing homemaker services is an additional alternative boards of social welfare need to consider to give the best and most economical service to clients."

In making her study of Ottawa County Welfare Board clients, Miss Nordstrom determined that 191 families — about ten per cent of the families in the county — received some sort of welfare assistance during the 12 - month period. After conferences with case workers, it was determined that 63 of these families, or one in three of those assisted, could have used the services which a trained homemaker might provide.

Manhattan Mercury

Nov. 6, 1969

K-S trained homemakers offer help to housewives

John Brown, a local sales manager, wants to take his wife to the annual convention in Miami this year. He doesn't want to leave their five children with a "babysitter" and doesn't know where to get trained help.

Mrs. Smith is an alcoholic with three children. She wants to give her children a "good home." She needs someone to teach her how to clean house and prepare nutritious food for her children.

These two Kansas residents found help from professional homemakers trained at Kansas State University.

These homemakers, usually housewives and mothers in the 35 to 65 year age bracket, receive four weeks of intensive training at KSU to become qualified. At K-State the women are taught new methods in home management ranging from latest cooking techniques to rearing children. Their training includes a week of actual field experience.

After graduation these trained homemakers face a barrage of part-time and full-time job offers varying from caring for babies to managing a home for an elderly couple.

One homemaker plans meals and does the grocery shopping for a 70 - year - old woman with Parkinson's disease. She also prepares a daily meal and works from noon to 2 p.m. each day.

Another homemaker works from 8 a.m. to noon three days a week helping Mrs. Smith, the alcoholic mother, manage her home. Mrs. Smith learns how to cook meats, plan menus and clean her house faster. The professional homemaker also helps the young mother create a "warm" home for her children.

Whether from the upper, middle, or lower class, any family can experience a crisis and need help quickly. Those needing a trained homemaker can call the Public Health Department or County Welfare Office to locate this help. Other graduates of the K-State program work on their own and get jobs privately.

One widowed homemaker, who works on her own, has held a variety of jobs since completing K-State's program in March.

On one job, she prepared the evening meal for a couple for five weeks. The wife had broken her hip for the second time and was in "a state of shock," the trained homemaker said. The couple had no family and no one to help. Not only did the trained professional serve balanced meals but she also was a companion in the couple's time of stress.

John Brown found quick help from a homemaker when he wanted to take his wife on a trip. The professional homemaker "took over like a mother" with the Brown's five children.

"She (Mrs. Brown) didn't care if I kept up the house as long as the children were happy," the homemaker said. "Every home is different. I like doing housework and I enjoy children."

Many of the trained homemakers had never held a job outside their own homes. One housewife said she felt insecure before going into the training. After graduating from K-State's program, she felt much more confident.

"Working is good therapy for me. I get out and meet new people," she said.

Learning how to help people through homemaking skills was an experience one homemaker "had always wanted."

"I thought I knew it all about managing a home," another graduate said. "I found that I didn't — and learned about helping people."

Another mother likes housework and children and enjoys working in homes with families. Cooking is a favorite pastime of another homemaker who likes preparing colorful, balanced meals.

"No county can afford to be without a homemaker - home health aide service," Dr. Richard Morse, K-State's director of the training program, says.

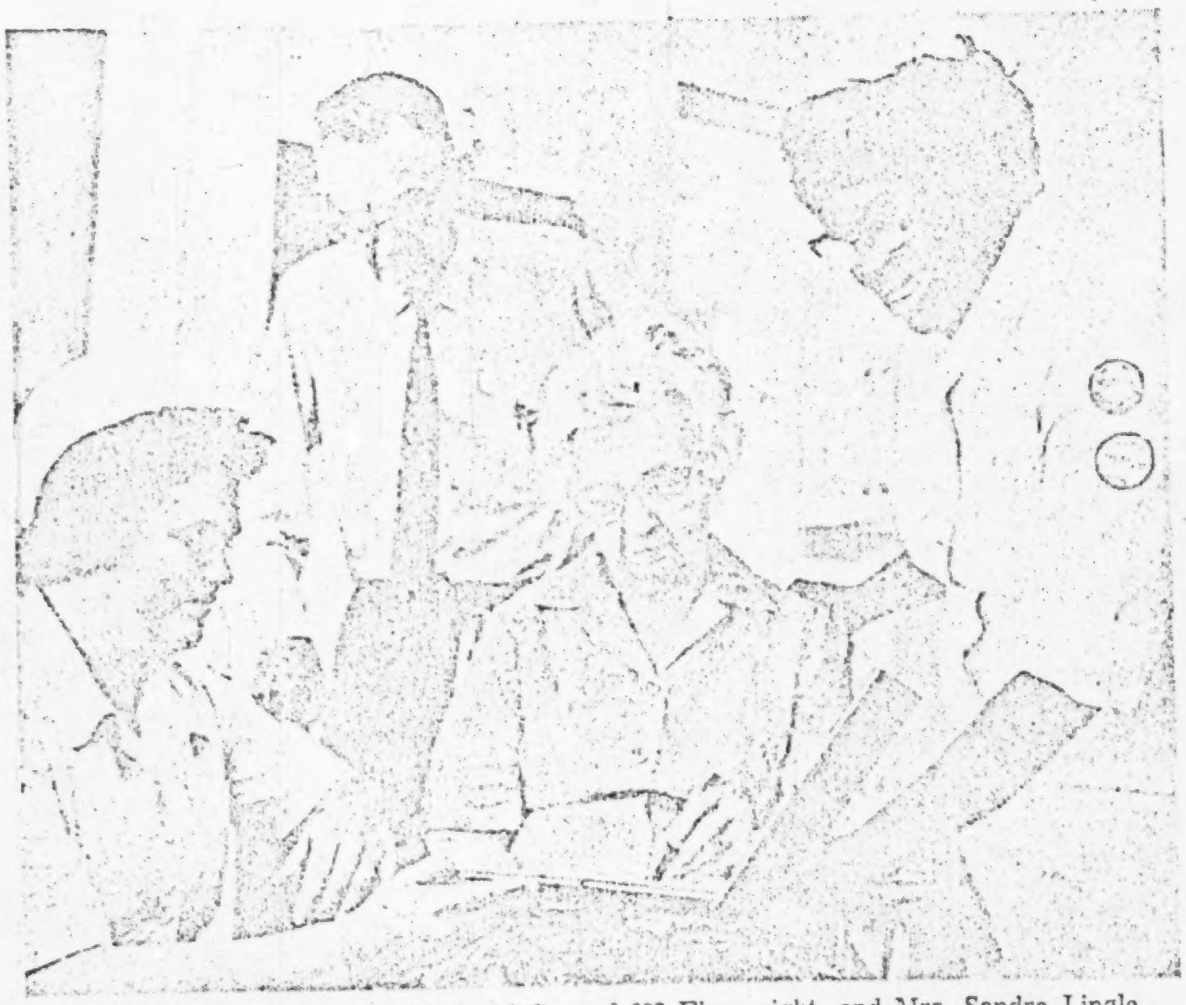
Morse cited one Kansas county (Ottawa) which saved an extimated $11,000 in one year by using trained homemakers. The homemaker service enabled one aged couple to stay in their home, rather than going to a nursing home. County expenses also were cut when a family with five children was kept together instead of being placed separately in foster homes.

Kansas needs 2,000 homemakers but now has only 100, Morse says. He contends the state should make homemaker-home health aide service within the reach of every Kansas family.

"The need for homemaker - home health aide service is not limited to the poor, the aged, the young, or the rich," Morse concludes.

Manhattan Mercury

Nov. 27, 1969



VNA AT WORK—Mrs. La Merle McCoy, of 632 Elm., right, and Mrs. Sandra Lingle, of 1626 W. 21st, help Mrs. Lyman Lemon, a stroke patient, with speech communication as Mr. Lemon looks on. Mrs. McCoy was recently named to the new position of Home Health Aide Supervisor for the local Visiting Nurses Assn., and Mrs. Lingle was added to the aide staff. (Journal-World Photo)

Visiting Nurses Create Position

Douglas County Visiting Nurses Assn., with headquarters at 324 Mo., has announced the creation of the new position of Home Health Aide Supervisor and the addition of a VNA aide to the regular staff.

Mrs. La Merle McCoy, of 632 Elm, has been appointed to the new position. Her duties include assisting nurses in developing care plans for aide patients and providng the local VNA orientation sessions for aides and trainees.

Mrs. McCoy, who has worked as an aide with VNA since its opening Feb. 1, 1969, completed the training course at Kansas State University, Manhattan, in 1968.

She will utilize her experience there and in VNA in orienting trainees from Manhattan taking field work in Lawrence as part of their four-week training course.

Mrs. McCoy also will continue with direct care of patients.

Mrs. Sandra Lingle, of 1626 W. 2-st, recently completed the course at KSU and assumed duties as a VNA home health aide.

Home health aides work under the direction of a patient's attending physician and with a registered nurse or therapist. They provide personal care, give medications ordinarily self-administered, help with exercises and treatment prescribed by the physician and therapist, and perform light household tasks necessary to prevent or postpone institutionalization.

Other aides on the local VNA staff since April, 1969, include Mrs. Ada Belle Helfrich, Mrs. Mildred Fleshman and Mrs. Joanne Parris.

Families in need of part-time care of patients in the home may call the VNA office.

Lawrence Daily Journal-World

May 20, 1970

Appendix F

PUBLICATIONS

Instructor's Manual - Homemaker/Home Health Aides.

The manual is designed for use in training persons who will be employed as homemaker/home health aides in agencies offering homemaker services. It identifies objectives, key concepts, resources and learning experiences appropriate for conducting a training program for homemaker/home health aides. pp. 84.

Trainee's Notebook - Homemaker/Home Health Aide.

This notebook is designed for use as a supplemental teaching resource in conjunction with the Instructor's Manual. It is a compilation of materials developed by the training program for use with published materials. pp. 64.

A Guide for Homemaker/Home Health Aide Training Programs (tentative title).

The guide is for use by groups considering the development of a homemaker training program. It offers practical suggestions based on experiences and observations of others.

Homemaker Service Demonstration Training Project: Profile of Inquiries. Mary Jo Harbour. 1970. pp. 49.

Inquiries about Homemaker Service Demonstration Training Project were studied to learn who inquired, what information was desired and how inquirers were involved in homemaker training and service. Results were used in developing a guide for homemaker/home health aide training programs.

Evaluation Phase of Homemaker Service Demonstration Training Project. Donna Rae Kennedy. 1970. pp. 63.

This study focuses on the evaluation phase of the project. The evaluation experiences of the trainees of Phase I provide the data. The results of the evaluations were analyzed in order to determine their validity, reliability and usability. Guidelines were recommended for use in evaluating trainees in similar training situations.

Cost-Savings Benefits of Homemaker Service, Ottawa County, Kansas, 1969. Karol Nordstrom. 1969. pp. 31.

This is a study of the cost-savings benefits of homemaker service as administered by the Ottawa County Welfare Board. It provides evidence of the savings which homemaker service can contribute to a county welfare program.

Homemaker Service Demonstration Training Project -- Comprehensive Evaluation. Muriel E. Zimmerman. 1969. pp. 94.

A follow-up evaluation was conducted on the first year graduates to determine the effects of the training on the professional development, personal development or subject matter achievement of the trainee, as observed by the trainees, trainers, supervisors and employers. A secondary objective was to evaluate the evaluation instruments.

Consumer Demand for Homemaker Service. Alverda M. Moore and Richard L. D. Morse. 1966. pp.4. (Reprints from Journal of Home Economics.)

This article reports steps used in estimating the demand for homemaker service in Riley County Kansas. Results of this study were used to justify the need for a program to train women as homemakers.

Question/Answer sheet from HSDTP. 1969. p. 5.

This brochure includes pictures of trainees and the training center and questions and answers about the project. It was sent to inquirers as well as state and local agencies. (See pp.

January 30, 1970

FLASH

NEW DEVELOPMENT

We help up our letter of January 20

hoping for a breakthrough!

President McCain will save Ula Dow Trairing Center space for the Homemaker Training Project IF we can get funding for the operations!

I promised him a progress report by March 1, 1970, and a final report a month later. So now we must find money!

Can you help raise $50,000?

-- Your agency funds
-- Foundations
-- Grants
-- Legislative appropriations?
-- Health related companies
-- Gifts to KSU Endowment Association

We do not want to disturb the plans to develop a training center in Wichita. Their needs should be met. This experience will help all of us learn how to develop additional centers around the state. More centers will be needed to meet the goal for Kansas of 2000 trained homemakers.

CAN YOU HELP NOW? Call me at (913) 532-6527 or Mrs. Zimmerman at 532-6204 or 532-6140.

Sincerely,

Richard L. D. Morse

Richard L. D. Morse
Project Director

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KANSAS STATE UNIVERSITY *Manhattan, Kansas 66502*

HOMEMAKER SERVICE DEMONSTRATION TRAINING PROJECT
DEPARTMENT OF FAMILY ECONOMICS
JUSTIN HALL
PHONE: 913 532-6204

January 20, 1970

Dear Advisory Board Members
and Friends of the Project:

Our project at KSU will be phased out May 31, 1970. We do not know how to save it.

Dean Hoffman of the College of Home Economics wrote me on January 11: "It is not possible to allocate the space in Ula Dow for use as a training center beyond May, 1970". She provided no alternatives.

Mrs. Zimmerman, Mrs. Kennedy, Mrs. Smith, and I met January 15 with the state and regional MDTA officers from Labor and Education. Mr. Carey had arranged the meeting in accordance with the minutes of the Advisory Board. As you know, this project has been supported entirely by Federal funds, including payment for the college staff. In addition the university was paid $27,000 as overhead for use of Ula Dow and to administer the contract. So the project has cost the university nothing, and has brought money into the state. As an experimental and demonstration project, it was not expected to continue with Federal funding. Hopefully, state funds could be used to finance it as a continuing project.

There seemed to be sufficient state funds to finance a training program. In view of the withdrawal of training facilities at KSU, attention of the meeting then focused on the interest expressed by Lucile Cook, of the Wichita-Sedgwick County Public Health Department, to initiate a training program in Wichita patterned after the KSU project.

We are pleased that such a well qualified leader, and one who believes so strongly in the training style that we have developed, is going to be able to carry on. The "transplant" will be difficult, and I know she can count on the assistance of all of us.

In preparation for the meeting with the state and regional officers, Muriel and I dashed off a few of the major accomplishments to date. We thought you might like to see this list:

- The number of trainees has exceeded the number specified in the contract.

- No dropouts in Phase II and only one in Phase I.

- Recruitment problems have given way to a new problem - that of selective admission.

- Employment record is most satisfactory - over 3/4 of graduates are working as homemakers, home health aides or in related work.

- A new image and a new career has been created for the woman who felt there was no professional opportunity for her.

- These women have developed self confidence and a feeling of self worth that enables them to seek and hold gainful employment.

- Homemaker service has proven to be a money-saver. (You will recall my letter pointing out the cost-savings benefits to Mr. James Bibb, state budget director).

- The project has developed into a cooperative endeavor and enjoys the moral support of all state and local governmental and volunteer agencies.

- A format of training has been developed which has proven successful for Kansas.

- Integrated homemaker/home health aide training has been established.

- The original plan for a five-year project to initiate homemaker/home health aide service seems justified; after two years the momentum for successful launching has begun.

Our termination at KSU will not be the end of Homemakers in Kansas. But, we must all work to preserve the style of training and respect for homemaker/home health aide service that only recently has gained recognition. . . . It is indeed unfortunate that the project must terminate just when momentum is being established. We still anticipate the need for 2000 trained homemakers in Kansas and feel that homemaker/home health aide service should be readily available to all persons, regardless of their income, age, or race.

Sincerely yours,

Richard L. D. Morse

Richard L. D. Morse
Project Director

RLDM:ljh

January 23, 1970

Dr. James A. McCain
President
Kansas State University
Manhattan, Kansas 66502

Dear Dr. McCain:

I have recently learned that Ula Dow Cottage on the campus will no longer be available for the very excellent Homemaker Service Training Program. As I recall the complete renovation and refurbishing of this building was made possible through a Federal Grant as part of the development of this training program.

I have watched with much interest the careful and thoughtful development of this specialized program resulting in an outstanding training program of high quality. Furthermore it prepared women for employment as homemakers which would not have been otherwise available and open to them. The fact that the training was offered in this particular setting in Ula Dow on the Kansas State University campus marked it as unique as well as more realistic than "make believe" situations. It afforded opportunity for a learning experience in group living and learning to accept and live with varying personalities.

I am expressing my deep concern at the loss of this superior program on your campus. I urge immediate re-consideration of Ula Dow for this purpose. In my particular interest the field of aging it is very important to have this program for the appropriate kind of training to give service to the elderly aiding them to remain in their own homes. It is of course also important for child care when a mother must be temporarily away from the home.

I sincerely hope that a reversal of decision will be in order making possible the availability of Ula Dow so this much needed training program will continue. Your cooperation in this will be deeply appreciated.

Sincerely yours,

Mrs. C. Loudell Frazier
Vice President, Area VI

bcc
CLF/ag

February 3, 1970

Dr. James A. McCain
President
Kansas State University
Manhattan, Kansas 66502

Dear Dr. McCain:

We have been informed that the university is planning to discontinue the training program for homemakers at the end of May 1970.

We are aware that the federal funds for the demonstration project will end in May; however, we had hoped something could be worked out for the university to continue to provide the facilities for training until plans could be developed to set up other training facilities over the state.

At the present time there is an increased demand for well-trained women to serve as Homemaker-Home Health Aides in the state. The women who have been trained at Kansas State University during the demonstration project have proved to be well qualified. Our agency, which is just getting started in this program, has hired several of the trainees from the Manhattan project. We anticipated a need for more in the next few years and also may need to look to the school for training of all future Homemaker-Home Health Aides.

We would like to encourage you to continue the training program at Kansas State University, so that each agency will not have to set up its own training program. We feel the demonstration project showed a need for a uniform training program rather than many different training programs.

Both public and private agencies will be employing more Homemaker-Home Health Aides in the future and all will need qualified women.

Sincerely yours,

Robert C. Harder
State Director of Social Welfare

RCH:vmk

bcc: Dr. Richard L. D. Morse

KANSAS STATE UNIVERSITY *Manhattan, Kansas 66502*

VICE-PRESIDENT FOR ACADEMIC AFFAIRS
ANDERSON HALL

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FEB 3 197?

FAMILY ECONOMICS
College of Home Economics

January 30, 1970

Dean Doretta Hoffman
College of Home Economics
Justin Hall

Professor Richard L. Morse
Department of Family Economics
Kedzie Hall

Dear Colleagues:

This is to confirm our agreement reached in our conference this morning concerning the possible use of Ula Dow cottage for next year in the Homemaker Service Training Program. In view of the possible beneficial consequences of the homemaker service program on the University and the College of Home Economics, but aware of the pressing needs of the College for space, it was decided that Professor Morse would be given assurance of Ula Dow cottage for next year providing the funding of the program could be resolved by April 1. It was agreed that I would call a meeting of the two of you along with Vice President Jones during the first week of March to get an interim report from Professor Morse.

I appreciated the cooperative attitude of both of you during our visit this morning.

Very truly yours,

John Chalmers

jb

cc: President James A. McCain
Vice President C. Clyde Jones

KSU KANSAS STATE UNIVERSITY *Manhattan, Kansas 66502*

DEPARTMENT OF FAMILY ECONOMICS
JUSTIN HALL

March 5, 1970

Memorandum

Dr. John Chalmers, Vice President for Academic Affairs

Dr. Doretta Hoffman, Dean, College of Home Economics

Subject: Interim report on funding for Homemaker Service Training Program

I am pleased to report that there is much interest in continuing financing for the Homemaker Service Training Program.

1. Mr. George Carey, M.D.T.A. Supervisor, Kansas Employment Security Division, and Mr. Dick Russell, State M.D.T.A. Coordinator of the State Department of Education, have agreed to include in their state plan for fiscal 1971 an amount sufficient to continue the training program at K.S.U. The actual money, however, will not flow in until October 1, 1970, thus leaving a four month void.

2. I have received assurance from the Project Officer of the U. S. Department of Labor that they would consider favorably an extension of the project from May 31 to October 1 with funds proportionate for that time period.

Thus, all indications are that there will be funding to continue the project through June 30, 1971.

We are pleased that this arrangement will permit the initiation of a training program in Wichita this spring.

I will make every effort this month to firm up these commitments.

Interest in the program continues from many unexpected sectors. Although I have learned to discount the possibility of actually getting funding from these sources, I think it is of interest that we have a continued expression of interest from the Blue Cross and Blue Shield of Kansas. Also, it was my privilege to have a private luncheon with Commissioner John Martin of the Administration on Aging. He asked about the project and thought there was a possibility of funding from his agency.

P.S. To make certain there is no misunderstanding regarding the timing, Mr. Carey informs me that the state program is formulated the latter part of March or the first part of April for submission to the Regional Office by May 15. The decision regarding state allocation usually comes in August and the funds mid September.

STATE OF KANSAS
ROBERT B. DOCKING
GOVERNOR

DEPARTMENT OF LABOR
DELNO L. BASS
COMMISSIONER

177

EMPLOYMENT SECURITY DIVISION
LEO J. PHALEN, EXECUTIVE DIRECTOR
401 TOPEKA AVENUE, TOPEKA, KANSAS 66603

KANSAS STATE EMPLOYMENT SERVICE
UNEMPLOYMENT INSURANCE SERVICE

March 20, 1970

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MAR 23 1970
FAMILY ECONOMICS
College of Home Economics

IN REPLY REFER TO: 732
GPC:llm

Dr. Richard L. D. Morse
Department of Family Economics
Kansas State University
Manhattan, Kansas 66502

Dear Dr. Morse:

This is to confirm our plans to incorporate your Kansas State University Homemaker Project in our FY 1971 funding. It is already included in our FY 1971 CAMPS Plan.

We sincerely hope that the national office will see fit to extend your project until October 1, 1970, at which time we can support it under our regular state allocation and maintain its continuity.

The long list of applicants waiting to take the Homemaker training and the forty or more vacancies in the Wichita area alone speak well for the success of your Homemaker Project. No later than October 1, 1970, we hope to have a second Homemaker Project operating in Kansas to help meet the need for trained Homemakers.

May we also take this opportunity to congratulate you and your Homemaker staff for a job so well done.

Cordially yours,

Employment Security Division
State of Kansas

George P. Carey

By: George P. Carey
MDTA Coordinator

Kansas State Board of Education
Division of Vocational Education

Richard P. Russell

By: Richard P. Russell
MDTA Supervisor

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